NHS LEICESTER CITY

PHARMACEUTICAL NEEDS ASSESSMENT

January 2011

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Executive Summary – The Pharmaceutical Needs Assessment for Leicester City

1. NHS Leicester City, in line with national requirements, is required to produce an assessment of pharmaceutical need, referred to as the Pharmaceutical Needs Assessment (PNA). This document must be published on 1 February 2011. The PNA describes the health profile and needs of Leicester residents, together with mapping and describing the current type and quantity of provision delivered by community pharmacy contractors in Leicester.

2. From this analysis, the PCT is then required to make a determination of any 'gaps' in provision. NHS Leicester City has considered this from a number of perspectives both citywide and at a ward level. The PCT has reviewed provision in relation to the current number of pharmacy contracts and services. Consideration has been given to patient and wider stakeholder views many of which have been incorporated into the findings of the PNA.

Introduction

3. This section defines the PNA, the background to its development and outlines the statutory requirements placed on NHS Leicester City.

4. The PNA will be used to examine the future commissioning decisions for the PCT in relation to community pharmacy. The PNA will replace the current tool for market entry called Control of Entry and will determine new pharmacy applications.

5. It is the responsibility of the PCT to update the PNA every three years. The PCT may wish to update the PNA if a new pharmacy application is granted but the PCT will need to decide whether this will affect the current assessment that has already been undertaken.

6. The white paper *Equity and Excellence: Liberating the NHS* whilst setting out the strategic direction for the NHS for the next five years has added a degree of uncertainty to both the future of the PNA and the organisational lead for the future commissioning of community pharmacy services.

7. Until it is confirmed when the accountability for the commissioning and contract performance of community pharmacy transfers to the NHS Commissioning Board, NHSLC proposes that the ongoing management and updating of the PNA becomes a function of the current Pharmacy Contract Development Group.

8. In accordance with national requirements the PCT has undergone an engagement and consultation exercise involving relevant stakeholders who have been asked to comment on the PNA. The outputs of this exercise are summarised in section 6 and a detailed evaluation of the

engagement and consultation exercise is provided as an appendix to the PNA.

Context and Strategic Priorities

9. This section provides contextual information with regard to the role of community pharmacy within the NHS and outlines local health priorities.

10. Consideration is given to recent NHS policy and intent with regard to the role of community pharmacy. The white paper *Pharmacy in England Building on Strengths – Delivering the Future 2008* set the direction of travel for community pharmacy services, the contents of which have informed the development of the PNA. The main themes are:
    - A shift in emphasis from dispensing prescriptions to providing clinical services
    - A wider range of services available through pharmacies exploiting their convenient locations and extended opening hours
    - Greater use of the clinical skills of pharmacists and the talents of other pharmacy staff

11. Changes to the Control of Entry regulations which outline the rules by which new pharmacies can open in Leicester are pending. The proposed changes will mean that the PNA will be the tool by which the local NHS determines future applications for pharmacy contracts.

12. Until there is clarity about how the PNA will be utilised in determining applications the current Control of Entry regulations will remain in force. Whilst in this interim phase, the PNA will inform the Control of Entry decisions but will not supersede it until the PCT are directed by the Department of Health.

13. The Joint Strategic Needs Assessment of Leicester (JSNA) has direct relevance to the PNA as it identifies the current and future health and wellbeing needs of the local population and the actions that local agencies will take to address these needs. In the context of the PNA it provides vital information to inform and validate future planning and commissioning priorities for community pharmacy services in Leicester and the part they play in improving health and wellbeing outcomes and reducing the health inequalities of the localities served.

14. Community pharmacy can effectively contribute to the majority of the health needs expressed in the JSNA by virtue of its community focus and relative ease of access. The Terms of Service of community pharmacy which outline contractual requirements, enable services to be developed that meet both essential contractual requirements but also reflect local health need.

15. The PCTs identified priorities outlined in NHSLC Commissioning and Investment Strategy 2008 – 2013 serve to further target the areas that will give greatest health gain to the population of Leicester, as such, the role of community pharmacy needs to be considered whenever new pathways are developed.

16. The *White Paper: Equity And Excellence: Liberating the NHS – July 2010* - briefly describes the future role of community pharmacy emphasising the need for community pharmacy to develop its relationship with other health care providers in supporting health improvement and health gain.

The Development of NHS Leicester City PNA

17. In developing the PNA the PCT has undertaken detailed analysis of the local population together with a robust engagement and consultation exercise. In doing so the PCT has undertaken to:

- Identify and define localities within the city
- Identify current health needs across the city and within each defined locality
- Determine which of those health needs require, occasionally or permanently, pharmaceutical services
- Determine differing needs for pharmaceutical services amongst different groups of patients
- Survey and engage patients about their views on community pharmacy
- Identify local and national health priorities that may have bearing on need for pharmaceutical services (including reflecting JSNA priorities)
- Identify demand for and capacity to provide pharmaceutical services across NHSLC
- Collate information to determine where gaps may or may not be
- Utilise newly established Annual Quality Contract Review visits as an opportunity to understand true demand and capacity of community pharmacy in Leicester

Leicester City Localities

18. In order to examine the pharmaceutical needs of the city in line with the JSNA the PCT has segmented the city into local area committees and wards this has enabled a detailed review of the health of the local population.

19. A number of ward maps have been included to provide profiles of wards in relation to such areas, deprivation and hospitalised admissions.

20. Using wards as a determination of need is not without its problems in relation to need mapping. Using QMAS data derived from GP registers to calculate prevalence at ward level hides the fact that the registered population of some wards can be 30% larger than the resident population which may mean the true health need at ward level is obscured.

21. The mobility of users of community pharmacy services together with the fact that some residents are not registered with any GP also impacts on the assessment of need .To this end the PCT has utilised both GP prevalence data and hospitalised disease prevalence to give a more qualified assessment of need.

Local Health Needs

22. The analysis of local and ward level data confirms that Leicester is one of the most diverse yet disadvantaged urban areas in the country. In terms of local health the challenges are stark, Leicester compares poorly to the England average across the range of determinants of heath and the range of major life threatening and long term conditions.

23. The ethnic diversity of the population poses its own challenges with individuals from ethnic minority backgrounds at particular risk of a number of heath related conditions.

24. It is therefore vital that community pharmacy is both aware of the population it serves and provides flexible services to meet the needs of the population identified.

Pharmaceutical Service Provision

25. There are currently 78 community pharmacies dispersed throughout Leicester offering a range of essential, advanced and enhanced services.

26. Community pharmacy is well placed to support and address the needs of specific patient groups due to its accessible, responsive and customer focused approach. It clearly has much to offer through the delivery of core services, such as dispensing, through to advisory services, such as the promotion of healthy lifestyles and signposting to other services, through to the compliance with medicines to ensure both maximum patient benefit and cost effectiveness are obtained.

27. Many patients develop a relationship with their pharmacist, often built over time and based on trust, this makes them key contact points particularly for older people and carers.

28. Seeking the views of patients about pharmaceutical services is vital in understanding patients' attitudes towards and the uptake of services provided by community pharmacy. NHSLC undertook a range of

patient engagement events and consulted widely on the draft PNA to understand who uses community pharmacy, how often and why. The findings of these exercises have contributed greatly to the final version of the PNA.

29. From the engagement and consultation process the PCT has gained a wealth of knowledge. Overall findings identified that patient's value the input of pharmacy staff in their healthcare needs. Patients in Leicester are loyal to their regular pharmacy, especially if that pharmacy is willing to meet specific patient's needs, such as, providing a home delivery service. The vast majority of respondents still consider the dispensing of medicines to be the main role of community pharmacists and many appeared unaware of the range of services on offer.

30. Community pharmacies often recruit from local communities to enhance culturally sensitive service provision. The positive impact of this is evident in the success of enhanced services where local members of staff, reflective of their community, deliver and recruit patients to the schemes.

Potential Gaps/Identifying Unmet need in Pharmaceutical Service Provision

31. In determining whether or not there are gaps in current community pharmacy provision, NHSLC has reviewed the adequacy of provision against the needs of local populations using the determinants of health outlined in section five.

32 In summary no gaps in the number of pharmacies or current services provided have been identified (see conclusion) but the PCT acknowledges that there is a continued opportunity to work with community pharmacist to capitalise on their role in supporting the health and well being of the communities they serve and to target this input where appropriate to meet the needs of specific communities and groups.

Conclusion

33. The detailed analysis undertaken in the development of the PNA has enabled the following conclusions to be drawn:

Pharmacy Contracts

34. NHS Leicester City has more than adequate levels of pharmaceutical service provision across the city, providing a diverse range of commissioned and non-commissioned services. It is the finding of this PNA that there are sufficient pharmacies in Leicester to meet patient needs.
35. There are areas where pharmaceutical services, as part of the Terms of Service, could be developed to map more effectively onto the health

needs of localities. The PCT will continue to work with pharmacy contractors and the Local Pharmaceutical Committee to identify good practice and develop models of effective working that meet the needs of specific communities.

Dispensing

36. Whilst dispensing volume has increased, NHS Leicester City pharmacy contractors have been able to meet patient demands. This can be by opting to provide more services, amending opening hours to suit patient need or catering for patients with language difficulties.

Advanced Services

37. The majority of NHS Leicester City's community pharmacies can, and do, deliver Medicines Use Reviews (MURS). This is the first advanced service introduced within NHS community pharmacy. The service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTC).
38. The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review helps patients understand their therapy and identifies any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is a particular prescribing issue for them to consider.

39. Whilst the PNA has not identified the need for a higher quantity of MURs, the opportunity to work with pharmacy contractors to develop MURs focussed on particular health needs, either across the city or within localities, needs to be taken. The PCT will continue to work with pharmacy contractors and the Local Pharmaceutical Committee to explore the use of more focused MURs and to quantify the health outcomes of MURs.

40. The PNA has demonstrated that this is an underutilised service by patients, primarily due to a lack of awareness of the existence of the service and an understanding by patients of how to access the service. The PCT needs to ensure that community pharmacists are delivering this service to those patients who have demonstrated a need for a MUR and that pharmacists target patients appropriately. Work is currently being undertaken to assist pharmacists in this area.

Section 1 INTRODUCTION

Background

1.1 The Primary Care Trust (PCT) has a statutory duty to publish its first Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Failure to meet this duty could lead to a Judicial Review.

1.2 The White Paper *Pharmacy in England: Building on Strengths – Delivering the Future* published by the Department of Health in April 2008 highlighted the variation in the structure and data requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they act as an effective and robust commissioning tool which supports PCT decisions with regard to pharmaceutical services.

1.3 The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations that set out the minimum standards for PNAs.

1.4 Following consultation in autumn 2008, two clauses were included in the Health Act 2009:

- To require PCTs to develop and publish Pharmaceutical Needs Assessments (PNAs)

- To use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

1.5 The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 (SI 2010 No. 914) were laid before parliament on the 26 March 2010 and came into force on the 24 May 2010. This amendment requires each PCT to publish its first PNA on or before 1 February 2011.

Defining the PNA

1.6 A PNA is defined in legislation as:

"The statement of the needs for pharmaceutical services which each Primary Care Trust is required to publish"

1.7 For this purpose, 'pharmaceutical services' are defined as all essential services and all directed services. Essential services are those services that all NHS community pharmacies must provide and directed services are those that the PCT commissions from the contractor locally. As a result the PNA will be the principle source of reference for Pharmacy commissioning.

1.8 In addition to being a commissioning tool, PNAs will in future be used to determine applications from pharmacy and appliance contractors to open new premises in the PCTs area, or to move to new premises.

1.9 This will replace the current system whereby the PCT decides if it is necessary or expedient to approve an application in order to secure access to pharmaceutical services in a particular area (known as the Control of Entry system) and will assist the PCT to commission pharmaceutical services that meet the health needs of its population. It is therefore important that the PNA is a robust document and that it links to the Leicester City Joint Strategic Needs Assessment (JSNA) which has direct relevance to the PNA as it identifies the current and future health and wellbeing needs of the local population and the actions that local agencies will take to address these needs. In the context of the PNA it provides vital information to inform and validate future planning and commissioning priorities for community pharmacy services in Leicester and the part they play in improving health and wellbeing outcomes and reducing the health inequalities of the localities served.

1.10 This document adheres to requirements 1 & 8 of Schedule 3A of The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 (SI 2010 No. 914). Requirements 2 to 7 will be met between 1st of April 2010 and the 1st of February 2011. This PNA published on the 1st February 2011 will be referred to, as per legislation, as the 'first' PNA. The details of the Regulations are at appendix 1.

Updating and changing the PNA

1.11 The Primary Care Trust must publish a statement of its revised assessment—

(a) Within 10 months of the coming into force of any order under section 18 of the 2006 Act varying its area; or
(b) Within 3 years of its previous publication of a PNA

1.12 NHSLC may amend it's PNA if it decides that the granting of a new application affects the statement of need, either across the PCT or in a locality. However, the PCT has the discretion to determine whether *'making a revised assessment would be a disproportionate response to those changes'*. In such cases the PCT will publish a statement of change to append to the PNA.

1.13 It needs to be made clear that NHS Leicester City's PNA may differ substantially from that of other PCTs, as whilst the regulations delineate the PNA process and the minimum contents, the conclusions and discussions supporting them are distinct to Leicester.

1.14 Since the publication of the PNA regulations, there has been a change in government and the publication of the white paper *Equity & Excellence: 'Liberating the NHS'* which sets out the strategic direction for the NHS under the coalition government, has added a degree of uncertainty to the both the future of the PNA and the organisational lead for the future commissioning of community pharmacy services. Until it is confirmed when the accountability for the commissioning and contract performance of community pharmacy will transfer to the NHS Commissioning Board, NHSLC proposes that the PCTs current ongoing management and updating of its PNA becomes a function of the Pharmacy Contract Development Group. This group will hold a session, at least once a quarter to enable ongoing monitoring of the PNA to occur.

1.15 The recently published Public Health White paper contained the following statement:

"Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities. Public Health England will influence development of the community pharmacy contractual framework through the NHS Commissioning Boards. Alongside identifying strategic health needs through JSNAs, local authorities, through proposed health and wellbeing boards, will have responsibility for producing Pharmaceutical Needs Assessments [PNA], which will inform the commissioning of community pharmacy services by the NHSCB and local public health commissioning decisions. We will build on this as we establish the new system, with the Chief Pharmaceutical Officer working closely with the public health community. This will include the role of pharmacies as local businesses and employers". (Healthy Lives, Healthy People p. 62)[1].

1.16 With this in mind, NHS Leicester City will seek to develop early links with the Local Authority to manage the transition of responsibility for the PNA locally.

Consultation

1.17 PCTs are required to undertake a consultation on their first PNA for a minimum of sixty days, and the regulations list those persons and organisations that must be consulted e.g. the Local Pharmaceutical Committee, Local Medical Committee, LINK and other patient and public groups

1.18 NHS Leicester City's consultation began on the 23rd of September 2010 and ended 23rd of November 2010. The PCT consulted with 274

[1] This document is currently out for consultation.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

organisations (including all independent contractors) and sought views from patients via the PCTs website, following a number engagement and out-reach events held in the summer of 2010.

1.19 Comments received from this consultation process have been, where appropriate, incorporated into the PNA.

Section 2: CONTEXT and STRATEGIC PRIORITIES

Community Pharmacy Contracting & Commissioning

2.1 The pharmacy White Paper *Pharmacy in England – Building on Strengths, Delivering the Future* published in April 2008 provided a general overview of community pharmacy in England.

2.2 It focused on the following key areas:

- Context for change
- Expanding access and choice through more help with medicines
- More pharmacy services supporting healthy living and better care
- Communications and relationships
- Research and innovation in practice
- The pharmacy profession
- Structural enablers and levers
- Health challenges – how pharmacy can contribute

2.3 Community pharmacy makes a significant contribution to a patient's overall care. The development and delivery of this care requires pharmacists to apply their skills and knowledge to individual patients and to organise their services for groups of patients. Whether providing care to individuals or groups, this care must be matched to patients needs and delivered through a range of pharmacy services.

2.4 To deliver care to patients, pharmacy services must be appropriately designed to meet the specific needs of particular groups of patients. Implicit in these developments is the requirement that a service can and must be assessed, reviewed and improved through systematic evaluation and review.

2.5 The role of the pharmacist in community practice includes promotion of health in the widest sense and communication of targeted health education, as well as the efficient supply and monitoring of medicines use, to ensure the maximum benefit from those medicines is achieved. It is increasingly recognised that the pharmacist is in a key position to make an effective contribution at all levels of health care. Effective health education and health promotion involves understanding the importance of psychological and social factors in patients'/clients' engagement in and adherence to, preventative or therapeutic regimens. This includes development of proactive methods for health education and promotion as well as methods for involving patients'/clients' in their own treatment.

2.6 *Pharmacy in the Future* published by the Department of Health in 2001 and further developed in 2003 when *Vision for Pharmacy in the New NHS* was published, highlighted ways in which services are expected to develop, set timescales for these developments, identified finances

to support them and acted as a signpost for the 2005 Pharmacy Contract.

2.7 The main themes of a *Vision for Pharmacy in the New NHS* are centred on the Chief Pharmaceutical Officer's 10 Key Roles for Pharmacy. These are:

1. To provide convenient access to prescription and other medicines
2. To advise patients and other health professionals on the safe and effective use of medicines
3. To be a point of first contact with healthcare services for people in the community
4. To provide medicines management services, especially for people with enduring illness
5. To promote patient safety by preventing, detecting and reporting adverse drug reactions and medication errors
6. To contribute to seamless and safe medicines management throughout the patient journey
7. To support patients as partners in medicines usage
8. To prescribe medicines and to monitor clinical outcomes
9. To be a public health resource and provide health promotion, health improvement and harm reduction services
10. To promote value for money in the use of medicines and to reduce waste.

2.8 The White Paper *Pharmacy in England Building on Strengths – Delivering the Future* sets out the direction of travel as envisaged by the government and so will inform the development and implementation of this Pharmacy Needs Assessment.

The main aims are:

- A shift in emphasis from dispensing prescriptions to providing clinical services;
- A wider range of services available through pharmacies, exploiting their convenient locations and extended opening times; and
- Greater use of the clinical skills of pharmacists and the talents of other pharmacy staff

2.9 The White Paper, *Our Health, Our Care, Our Say* published in January 2006, shifts from the narrow focus of treating illness to promotion of the broader concept of well-being. It requires local areas to promote outcomes that address health inequalities, inclusion and well-being across the range of public services that affect people's lives. A shift from hospital based to community-based healthcare is indicated and integral to this, is the requirement for better partnership working between health and social care professionals and community and voluntary organisations. For community pharmacy services, this emphasises the need for a shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and well-being services.

2.10 The key themes within all the recently published papers are the role that pharmacy can play in improving access to health care, providing information and advice to enable people to better care for themselves. It is evident that the clinical skill possessed by pharmacists must be developed and used more effectively to support the wider health screening and public health agendas.

QIPP

2.11 Recent changes to local and national priorities have resulted in the development of the Quality Innovation Productivity and Performance (QIPP) agenda. In Leicester there are five overarching priorities:

- Frail Elderly
- Acute care
- Right care
- An LLR Formulary
- Paediatric Emergency Admissions

Community pharmacy has a contribution to make to all of these areas and the clinical skills of community pharmacists should be exploited.

Control of Entry

2.12 All applications for the provision of pharmaceutical services are examined through the Control of Entry Regulations 2005. The following is stated in the National Health Service Regulations, that an application:

"…..*shall be granted only if the Primary Care Trust is satisfied, in accordance with the regulations, that it is necessary or desirable to grant it on order to secure in the neighbourhood in which the premises are located the adequate provision by persons included in the list of services, specified in the application"*

2.13 Applicants can submit Control of Entry applications under the following criteria:

- Preliminary Consent
- Full Consent
- Change of ownership
- Minor relocation (under 500m)
- Minor relocation (over 500m)

2.14 Regulations state that an application shall be granted only if the PCT is satisfied that it is '*necessary or expedient'* to grant the application in order to secure Pharmaceutical services.

2.15 In doing so the PCT needs to determine that the neighbourhood (which is not defined legally) that the applicant has chosen has a less than adequate provision of pharmaceutical services.

2.16 There is clear guidance about Control of Entry which the PCT must follow. However, the PCT utilises local information in considering an application and seeks to understand the patterns of usage in an area and the factors affecting how services could potentially be utilised. For example, NHSLC contracting staff always undertake a site visit to the location of the application to gain an understanding of how patients might access the service and whether having the service in this location will be of benefit to patients and the community it is proposing to serve.

Control of Entry Test – Exempt applications

2.17 There are four types of applications in which the Control of Entry Test is not applicable:

1. Pharmacies based in large shopping centre developments, but only in out of town sites. Out of town shopping centre **must** be over 15,000 square meters.
2. 100 hour pharmacies –the pharmacy must provide all enhanced services throughout the full 100 hour period.
3. Consortia wishing to establish new One Stop Primary Care Centres.
4. Wholly mail–order or internet based pharmacy services

2.18 All exempted pharmacies must provide the full range of essential services under the contract. In addition, types 1 to 3 of the exempt categories must provide the full range of current and future enhanced services.[2]

2.19 Changes to the Control of Entry regulations are pending. The proposed changes will mean that the PNA will be the tool by which the NHS determines future applications for pharmacy contracts.

2.20 Therefore, potential applicants are referred to the conclusions of the current document but should be mindful that until there is clarity about how the PNA is to be used in determining pharmacy applications (a national standard being a pre-requisite to assure consistency) then the current Control of Entry regulations are still in force.

2.21 Whilst in this 'interim' stage, the findings of the PNA will inform Control of Entry decisions, but will not supersede them until directed by the Department of Health.

[2] Please refer to appendix 2 for NHSLCs application process and table of fees

2.22 The PNA will inform Control of Entry applications by being used to establish whether the applicant has genuinely considered the needs of the locality in which it wishes to be situated.

2.23 Whilst exempt applications continue to be excluded from the 'necessary and expedient' test, future applicants should note that a PCT is not obliged to automatically grant an exempt application. To date NHS Leicester City has not turned down an exempt application. However, applicants should be able to demonstrate that they understand the city and their proposed locality and understand the range of services that they must provide in order to meet those needs.

2.24 Exempt applicants can expect robust and detailed questioning from NHS Leicester City. This is not designed to deter applicants but to both understand the intentions of the applicant and to impress upon them the needs of Leicester and their locality.

2.25 This is to both avoid the inadvertent creation of health inequity and to ensure that the finance received from the PCT, and, by implication, the public purse is used as appropriately and effectively as possible.

1st February 2011 and Beyond

2.26 One of the functions of the PNA is to be used to make decisions about any application to join the pharmaceutical list. As described above, the current Control of Entry regulations are proposed to cease on 1st April 2011. Regulations determining how the PNA is to be used in determining applications are due to be published for consultation before the end of December 2010.

2.27 The PCTs 'First PNA' has to be published on the 1st of February 2011, which means that there will be a two month period where Control of Entry regulations continue to co-exist alongside the PNA.

2.28 At the current point in time, whether a pharmacy is deemed to be necessary or expedient is, in Leicester, determined by consultation and discussion at the Pharmacy Contract Development Group. For the period from 1st February 2011 to 1st April 2011 this will still be the case, but the report about the application, which is given to the Pharmacy Contract Development Group to support their determination, will also contain information from the PNA.

2.29 In essence, therefore, each application's necessary or expedient status will be complimented and informed by the findings of the PNA in the locality for which they are applying.

2.30 It needs to be acknowledged that for the purpose of processing applications, the use of ward level data may not always be applicable. Therefore the PCT will apply its judgement and use data from a relevant source as appropriate.

2.31 It needs to be noted that all of the above could well change with the publication of the forthcoming regulations.

World Class Commissioning

2.32 With the advent of the White Paper, *Equity & Excellence: Liberating the NHS*, the roll of the World Class Commissioning competencies in future commissioning is uncertain. However, NHS Leicester has assessed its pharmacy commissioning against this framework and identified areas for improvement. These will be addressed by the PNA and the city wide Pharmacy Action Plans derived from NHS Leicester City's current round of Annual Quality Contract Reviews with pharmacy contractors. [3]

2.33 The overall findings of these contractual reviews demonstrate that whilst good progress towards effective commissioning of community pharmacy has been made, there are still areas to be addressed. NHS Leicester City is confident that these can be addressed by the PNA (and how it develops) and the Annual Quality Contract Review cycle.

The Joint Strategic Needs Assessment of Leicester: the JSNA

2.34 The current JSNA points to a number of specific issues, or themes, which characterise the Leicester population. The initial themes identified are:

- The needs of a growing population.
- Health inequalities and the wider determinants of health.
- The need to improve specific health outcomes.
- The need to address lifestyle and behavioural causes of ill health.
- The needs of specific groups.

Community pharmacy - Terms of Service

2.35 Community pharmacy can effectively contribute to the majority of the health needs expressed in the JSNA. Community pharmacy provides a service that is both responsive and customer focused. Community pharmacy is not a misnomer; pharmacy has a distinct community focus with the added advantage of relative ease of access. Many of the themes of the JSNA are reflected in the mandatory service provision of community pharmacy.

2.36 These mandatory levels of provision, which are the terms that all pharmacies who wish to provide NHS services MUST adhere to, are

[3] The findings of the World Class Commissioning review can be found in appendix 3

detailed in the Terms of Service[4] which consist of three different service levels:

- Essential services – must be provided by all contractors;
- Advanced services - can be provided by all contractors once accreditation requirements have been met
- Enhanced services - commissioned locally by Primary Care Trusts (PCTs) in response to the needs of the local population.

PCT Identified Priorities: NHSLC Commissioning and Investment Strategy 2008 – 2013

2.37 Leicester is one of the most richly diverse yet disadvantaged urban areas in the country. This means that, in terms of local health, the challenges are stark. It is a city that exhibits some of the most complex health needs and biggest health inequalities of anywhere in the UK. Many people living here live up to two years less than the national average. For the 20 per cent of the population living in the most disadvantaged parts of the city, the life expectancy gap rises to 5.3 years for men and 3.5 years for women.

2.38 The PCT's five-year strategic commissioning and investment strategy plan will be achieved by delivering transformational change in chronic obstructive pulmonary disease (COPD), unscheduled care and cardiovascular disease (CVD). It is these three areas that insight and evidence suggests will have the greatest impact on health outcomes, quality of life and life expectancy for the highest number of people living in Leicester.

2.39 Delivery in these areas will produce measurable improvements. By 2014 the PCTs strategies aim to have increased life expectancy for men and women by 3.4 and 2.7 years respectively when compared with the most recent data for the city (2006-2008). The difference between the highest and lowest life expectancy rates in the city will have also reduced by 10 per cent for men and 4.2 per cent for women.

[4] This is often referred to as the 'Pharmacy Contract' although there is, nationally, no actual contract with community pharmacy providers rather a national community pharmacy contractual framework.

The White Paper: Equity and Excellence: Liberating the NHS, July 2010

2.40 With the advent of the recent White Paper and the radical restructuring of the NHS, the findings of this PNA need to be considered in the context of the role of community pharmacy as described in the document.

2.41 The paper contains the following statement about the role of community pharmacy:

"The community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health" (page 26).

2.42 This statement suggests the development of a community pharmacy contract, with a component of payment for performance. It also continues the direction of earlier publications in highlighting the need for pharmacy to continue to develop its working relationship with other health care providers in supporting health improvement and health outcomes.

Section 3: THE DEVELOPMENT OF NHS LEICESTER CITY'S PNA

3.1 In completing the needs assessment NHSLC undertook the following processes:

- Identifying and defining localities within the city
- Identifying current health needs across the city and within each defined locality
- Determining which of those health needs required, occasionally or permanently, pharmaceutical services
- Determining differing needs for pharmaceutical services amongst different groups of patients
- Surveying patients about their views on community pharmacy
- Meeting with patient groups and discussing the development of the PNA
- Identifying local and national health priorities that may have bearing on need for pharmaceutical services (including reflecting JSNA priorities)
- Identifying demand for and capacity to provide pharmaceutical services across NHSLC
- Collating information to determine where gaps may or may not be

3.2 In addition, NHSLC has undertaken, in parallel to the development of the PNA, Annual Quality Contractual Review (AQCR) meetings with each of its pharmacy contractors. Areas for discussion included demand and capacity and whether services could be tailored to the needs of local populations or more discrete groups of patients

3.3 The outcomes and findings of this process have where appropriate been incorporated into the PNA.

3.4 NHSLC conducted a mandatory 60 day consultation exercise which built on previous patient questionnaires and a listening event held in March 2010. A list of those who were invited to make comments can be found in appendix 4. In order to understand the outcomes of the engagement and consultation process, an analysis of the consultation responses can be found at appendix 5.

Section 4: LEICESTERS' LOCALITIES

4.1 In order to understand the differing needs for pharmaceutical services across the city, it has been necessary to 'segment' the city and examine the health needs in detail.

Identifying localities

4.2 Data is presented at three levels:

- Local area committees - representing larger combined areas.
- Ward level – the areas delineated by the electoral register and for the purpose of the PNA a ward is used to represent a "locality".
- Lower Super Output Areas – where appropriate for describing a particular characteristic such as deprivation. A Lower Super Output Area is a geographic area designed to improve the reporting of small area statistics and these have been automatically generated nationally to be as consistent in population size as possible. The minimum population is 1000 and the mean is 1500. There is a Lower Super Output area for each postcode in England and Wales.

4.3 NHSLC decided to use electoral wards to determine localities in the city. The primary reason for doing this is that the majority of data, health and otherwise is also arranged in this manner. Using ward data is not without its limitations – the size of an electoral ward varies and determinants of health, particularly deprivation, can vary across discrete areas.

How data is presented

4.4

- An overview of each local area in relation to housing, deprivation, ethnicity and identified health risks is presented in text form.
- Specific information in relation to deprivation, ethnic concentration and population size is presented in a series of small 'snapshot' tables.
- Deprivation is presented in a colour coded map, arranged in wards but also identifying super output areas.
- Prevalence, derived from GP registers is presented in a single table.
- Hospitalised disease prevalence is presented in colour coded maps.

The use of wards

4.5 Using wards as a determination of locality is not without its problems in relation to need mapping. For example, using Quality Management Analysis System (QMAS) data, derived from GP registers to calculate prevalence, hides that fact that the registered population of some

wards can be 30% larger than the resident population, which means that the true health profile of an area may be obscured.

4.6 Furthermore users of community pharmacy services are a good deal more mobile than users of GP services, with the result that, a pharmacy in a city centre location may find the disease profile of their ward only partly reflects their patient base. For this reason this PNA does not use QMAS derived prevalence alone and has attempted to reflect PCT wide need alongside ward level need in making an overall determination.

4.7 NHSLC has been sharing ward based prevalence data with pharmacy contractors and any variance has been noted. Whilst pharmacy contactors have observed that the ward-based data does reflect the patient profile they see, it has become clear that some pharmacies report higher activity in disease areas not always identified as having a high prevalence in the specific ward area.

4.8 For this reason, NHSLC's PNA uses both GP register derived prevalence and hospitalised disease prevalence. Also, it is recognised that some users of community pharmacy are not on GP registers.

4.9 The implication of this is that prevalence based on GP disease registers may be skewed toward the registered population and health problems for the resident population may be obscured or appear to be of lower prevalence than expected.

4.10 The relevance for community pharmacy is that they do not operate a list and patients are free to move between pharmacies. Generally, patients will either use the pharmacy nearest their GP or nearer their home[5]. So whilst prevalence figures derived from GP registers may include the former patients, the latter group of patients may not be captured.

4.11 By using both GP register prevalence and hospitalised disease prevalence it is hoped that a more robust assessment of need is established.

[5] There are also patients who will use the pharmacy nearer their place of work, though this is a much smaller group.

Map 1: Leicester's Electoral Wards

Section 5: LOCAL HEALTH NEEDS

LEICESTER

General Demographics of NHSLC

The key domains to describe the demographics of Leicester are listed below:

5.1 Age Profiles

Leicester has a comparatively young population: 45% of residents are less than 29 years old. The number of people over 60 years in Leicester is declining as older residents move to the neighbouring areas in the County. Nearly a quarter of older people in Leicester are from black and ethnic minority communities.

5.2 Ethnicity

Approximately 40% of Leicester's population has an ethnic minority background and the city is projected to have a non-white majority population sometime after 2011. Most of Leicester's minority ethnic population are of South Asian origin. Other smaller communities in the city include the African Caribbean population and recently there has been an emergence of Somali communities who have mostly settled in the St Matthews estate of the city. Leicester has also seen an increase of Polish, Kurdish and Ukraine populations in various parts of the city such as the Castle ward.

5.3 Languages

Alongside English, there are around 70 languages and/or dialects spoken in the city. In addition to English, eight languages are commonly spoken: Gujarati is the preferred language of 16% of the city's residents, Punjabi 3%, Somali 3% and Urdu 2%. Other smaller language groups include Hindi, Arabic, Bengali and Polish. For 45% of primary school children, their first language is known, or believed to be, a language other than English.

5.4 Deprivation

The Index of Multiple Deprivation 2007 (ID 2007) is a relative measure of deprivation in England combining indicators of income, employment, health deprivation, disability, education skills and training, barriers to housing, crime and the living environment, into a single deprivation score for each small area or lower super output area (LSOA). There are 32,482 LSOAs in England, each with an average population of around 1,500 people. Rankings of ID 2007 scores by LSOA indicate areas of high and low deprivation across England

(where a ranking of 1 is the most deprived and 32,482 is the least deprived).

ID 2007 is an update of the Index of Deprivation of 2004 and there are a number of changes to the deprivation levels in Leicester:

- **Leicester ranking** - Overall Leicester is ranked 20 out of 354 local authority districts in ID 2007 compared with a rank of 31 in ID 2004.

- **5% most deprived LSOAs** - There are 22 LSOAs (out of 187 LSOAs in Leicester) ranked within the 5% most deprived in the country (ID 2007); in ID 2004, 20 LSOAs fell within the 5% most deprived LSOAs nationally. This is equivalent to 12% of Leicester's population living in the 5% most deprived areas in England (ID 2007).

- **Quintiles of deprivation -** LSOAs can be divided into quintiles of deprivation (Q1 = 0-20%, Q2 = 20-40%, Q3 = 40-60%, Q4 = 60-80%, Q5 = 80-100% most deprived LSOAs in England). Nearly half of Leicester's population live in LSOAs in the 20% most deprived nationally (49% in Q1, 28% in Q2, 15% in Q3, 7% in Q4 and 1% in Q5).

- **Income domain** - Leicester has 29 LSOAs within the 5% most income-deprived in England. In St Matthews, there are 2 LSOAs which rank first and second nationally as the most deprived areas for income deprivation.

- **Education domain** - Leicester has 40 LSOAs in the education, skills and training domain falling in the 5% most deprived nationally. Braunstone has 2 LSOAs ranking as the first and second most educationally deprived in England.

5.5 **Local Area Committees**

The use of data of the local area committees enables a more detailed breakdown of population based need. The local area committees are:

Leicester City Council **Local area:**	**Wards Included**
Local Area 1	Belgrave
	Latimer
	Rushey Mead
Local Area 2	Humberstone & Hamilton
	Thurncourt
Local Area 3	Charnwood
	Coleman
	Evington
Local Area 4	Spinney Hills
	Stoneygate
Local Area 5	Castle
	Knighton
Local Area 6	Aylestone
	Eyres Monsell
	Freemen
Local Area 7	Braunstone Park & Rowley Fields
	Westcotes
	Western Park
Local Area 8	Fosse
	New Parks
Local Area 9	Abbey
	Beaumont Leys

5.6 The information outlined below is derived from the 2001 census:

Ethnicity and identified health risks

Local area 1: Belgrave, Latimer and Rushey Mead

5.7 Local area 1 highlights that in each ward over half of the population consider themselves to be classed as "Asian or Asian British: Indian" which is the highest in all of Leicester. The Latimer ward 1 has the highest number of Indian people living in the area with 74% of the population of Indian origin.

5.8 Within the Latimer area, the patient population consider their health status to be "not good" (12.7% of the population indicated this).

Local area 2: Humberstone & Hamilton, Thurncourt

5.9 Both areas have a high number of the population who consider themselves to be White British, which contribute to 60% of the population of Leicester.

5.10 In general Thurncourt as a ward has the highest percentage of people living with a long term illness. 22.9% and 20.9% of the population have stated that their health is considered to be "not good".

Local area 3: Charnwood, Coleman, Evington

5.11 Local area three mainly consists of those people who consider themselves to be White British or Asian or Asian British: Indian.

5.12 Within this area, there are a high numbers of patients who consider their heath "not good" and this could be due to a number of factors, such as poor housing facilities and overcrowded accommodation. Evington has a high percentage of people living with a long-term illness. Life expectancy is considered to be poor overall. Residents living in the Charnwood area have the highest use of emergency services across the city and this could be due to factors, such as, lack of understanding of how to access health services.

Local area 4: Spinney Hills and Stoneygate

5.13 The highest proportion of the population is comprised of people that consider themselves to be Asian or Asian British: Indian and then the second largest population is comprised of people who consider themselves to be White: British.

5.14 There are a high percentage of people who are living with a limiting long-term illness and a high percentage of the population who have reported that their health is "not good". Spinney Hill has been identified as having a high number of the population with coronary heart disease.

Local area 5: Knighton and Castle

5.15 Local area 5 consists of residents who consider themselves to be "White: British" and this comprises 60% of the population. The next highest numbers are people who consider themselves to be "Asian or Asian British Indian.

5.16 Examining the information made available it is apparent that local area 5 has the lowest percentage of residents in Leicester who have reported that health is "not good" which is positive news. However, it must be noted that Castle has high numbers of low life expectancy amongst females and males.

Local area 6: Aylestone, Eyres Monsell and Freemen

5.17 This area is made up of a high number of people who consider themselves to be White British with Aylestone and Eyres Monsell contributing 60% of the White British population of Leicester. Freemen also has a high number of the population who consider themselves to be "White: British". Aylestone has a lower number of ethnic minorities in comparison to Eyres Monsell and Freemen.

5.18 A number of health conditions are prevalent in this local area:

- Life expectancy amongst men and women is low
- Eyres Monsell have high numbers of people who have coronary heart disease
- Under 18 conception rates are higher than average
- Eyres Monsell and Freemen have high numbers of the population who smoke
- High numbers of the population who opt for elective care and emergency care

Local area 7: Braunstone Park and Rowley Field, Westcotes and Western Park

5.19 There is a high number of the population who consider themselves to be "White: British" particularly in Braunstone Park and Rowley Fields.

5.20 There are high conception rates in all areas and this reflects the high uptake of patients who access Emergency Hormonal Contraception EHC services from community pharmacy.

Local area 8: Fosse and New Parks

5.21 Fosse and New Park's population mainly consists of people that consider themselves to be White: British. Other ethnic minorities are scattered throughout the wards.

5.22 Both Fosse and New Parks have a high proportion of under 18 conception rates. Life expectancy rates for both wards are also significantly worse than the Leicester, Leicestershire and Rutland average.

Local area 9: Abbey and Beaumont Ley

5.23 Like local area 8 the highest proportion of residents considers themselves to the "White: British" with the second highest "Asian or Asian British: Indian.

5.24 Again there are high under 18 conception.rates. Abbey is an area where there is a high incidence of coronary heart disease. Life expectancy is again lower than average in both males and females in both wards.

Mental Health

5.25 The PCTs understanding of the role of community pharmacy in supporting patients with mental health problems is not well developed. Clearly, the level of patient contact between the patient and the community pharmacy presents an opportunity for improved integrated team working.

5.26 Mental Health and Depression registers show marked variance in prevalence across the city and there is anecdotal information from the Annual Quality contract reviews of both an informal and supportive role on the part of the pharmacy and the tendency of patients with mental health problems to 'cluster' in their usage of particular pharmacies. This 'clustering' is not verified, but exploration of it could determine the potential for community pharmacy to work as part of an integrated approach to mental health in some specific areas across the city

Ward Level Data

5.27 At ward level data is available which assess poverty, deprivation, ethnicity, age, self reported health status and long term conditions. This is arranged in quintiles, with quintile 1 being the most deprived. Where the quintile score is followed by a '+' sign, this is indicative of the presence of a super output area (SOA) within the ward with levels of deprivation in the national top 5%. Ethnicity and population figures are taken from the 2001 census, being the most recent collection of data.

Table 1: Deprivation by ward

Ward	NATIONAL TOP 5% LSOA	Quintile ranking
Charnwood	1	Q1+
Eyres Monsell		Q1
Latimer	1	Q1+
Spinney Hills	1	Q1+
Abbey	1	Q2+
Aylestone		Q2
Beaumont Leys	1	Q2+
Belgrave Ward		Q2
Braunstone Park & Rowley Fields Ward	1	Q2+
Castle		Q2
Coleman		Q2
Humberstone And Hamilton		Q2
New Parks	3	Q2+++
Rushey Meade		Q2
Stoneygate	1	Q2+
Thurncourt		Q2
Evington		Q3
Fosse		Q3
Westcotes & Western Park		Q3
Knighton		Q4

Table 2: Ward populations and proportion of population living in deprived SOA

	Population: Census 2001	
Ward Name	**Total population**	**% living in 5% most deprived SOAs**
Abbey	12707	11.6
Aylestone	10804	-
Beaumont Leys	13849	32.5
Belgrave	10305	-
Braunstone Park and Rowley Fields	16609	37.8
Castle	13453	11.1
Charnwood	10660	-
Coleman	12085	-
Evington	9790	-
Eyres Monsell	11233	13.4
Fosse	10737	-
Freemen	9984	41.7
Humberstone and Hamilton	11885	-
Knighton	16260	-
Latimer	11584	11.4
New Parks	16013	18.6
Rushey Mead	15140	-
Spinney Hills	21256	26.7
Stoneygate	17068	-
Thurncourt	9930	-
Westcotes	8651	-
Western Park	9884	-
Leicester City	279887	10.5
England	49138831	

Table 3: Ethnicity profile of Leicester's Wards

	Population: Census 2001	**Ethnicity**				
Ward Name	**Total population**	**White**	**Asian/British (%)**	**Black/British (%)**	**Mixed (%)**	**Other (%)**
Abbey	12707	81.1%	14.2%	2.0%	2.1%	0.6%
Aylestone	10804	92.6%	4.0%	1.5%	1.3%	0.6%
Beaumont Leys	13849	78.2%	12.2%	4.6%	4.0%	1.0%
Belgrave	10305	26.1%	69.0%	1.7%	2.6%	0.6%
Braunstone Park and Rowley Fields	16609	86.1%	9.7%	1.7%	2.3%	0.3%
Castle	13453	75.7%	13.3%	5.5%	2.2%	3.3%
Charnwood	10660	53.4%	36.4%	5.5%	3.9%	0.7%
Coleman	12085	38.4%	53.6%	4.7%	2.7%	0.5%
Evington	9790	58.5%	35.6%	3.0%	2.2%	0.8%
Eyres Monsell	11233	94.7%	1.9%	1.1%	2.0%	0.3%
Fosse	10737	84.6%	10.1%	2.4%	2.2%	0.7%
Freemen	9984	87.2%	4.6%	3.3%	3.1%	1.7%
Humberstone and Hamilton	11885	75.3%	20.5%	1.6%	1.9%	0.7%
Knighton	16260	76.1%	18.8%	1.8%	2.1%	1.2%
Latimer	11584	17.3%	79.1%	1.4%	1.7%	0.5%
New Parks	16013	91.5%	3.8%	1.7%	2.6%	0.3%
Rushey Mead	15140	38.5%	57.7%	2.0%	1.5%	0.3%
Spinney Hills	21256	17.6%	72.4%	6.9%	2.2%	0.9%
Stoneygate	17068	32.8%	58.9%	5.1%	2.5%	0.8%
Thurncourt	9930	83.0%	12.8%	1.9%	1.9%	0.3%
Westcotes	8651	73.7%	18.1%	3.2%	3.2%	1.8%
Western Park	9884	81.9%	13.5%	1.9%	1.8%	0.8%
Leicester City	279887	**63.8%**	**29.9%**	**3.1%**	**2.3%**	**0.8%**
England	49138831	**90.9%**	**4.6%**	**2.3%**	**1.3%**	**0.9%**

Table 4: Ward age profiles

Ward Name	Total population	00-04 years (%)	05-14 years (%)	15-24 years (%)	25-44 years (%)	45-64 years (%)	65-75 years (%)	75+ years (%)
Abbey	12707	6.8	13.8	12.8	28.0	20.5	9.0	9.1
Aylestone	10804	5.5	11.8	12.3	30.1	22.6	8.3	9.4
Beaumont Leys	13849	8.5	16.5	15.5	32.8	20.0	3.6	3.1
Belgrave	10305	6.6	16.8	15.5	29.2	20.4	6.5	5.1
Braunstone Park and Rowley Fields	16609	8.0	17.2	15.2	27.3	18.5	7.0	6.9
Castle	13453	3.2	4.5	36.8	33.6	13.0	4.0	4.8
Charnwood	10660	8.8	17.9	14.8	30.1	18.2	5.5	4.8
Coleman	12085	8.4	16.4	15.3	30.4	18.9	5.4	5.2
Evington	9790	4.7	11.7	11.7	23.3	23.7	11.4	13.5
Eyres Monsell	11233	7.5	16.4	12.7	25.8	19.0	9.7	8.9
Fosse	10737	6.6	11.1	15.6	34.3	19.3	6.5	6.6
Freemen	9984	7.0	14.1	23.8	29.0	16.3	5.3	4.6
Humberstone and Hamilton	11885	7.5	13.3	12.0	30.5	20.3	8.6	7.7
Knighton	16260	5.6	11.4	15.4	28.1	22.4	8.0	9.1
Latimer	11584	6.5	15.5	14.3	29.6	21.5	7.3	5.4
New Parks	16013	7.8	16.8	13.2	26.5	19.5	7.6	8.6
Rushey Mead	15140	6.0	14.1	13.5	29.8	24.1	7.1	5.4
Spinney Hills	21256	9.3	17.2	17.6	30.4	17.0	5.1	3.4
Stoneygate	17068	6.7	14.3	22.3	28.7	18.8	5.2	3.8
Thurncourt	9930	6.2	14.2	11.3	24.8	22.1	11.1	10.3
Westcotes	8651	4.8	7.3	30.6	35.4	13.1	4.5	4.3
Western Park	9884	5.1	10.8	14.4	31.1	20.7	7.2	10.7
Leicester City	279887	6.8	14.0	16.7	29.4	19.5	6.9	6.6
England	49138831	6.0	12.9	12.2	29.3	23.8	8.3	7.5

Table 5: Self reported health status and Long term conditions by ward

Ward Name	Number reporting health as "Not good" (%)	People with Limiting long term illness (%)
Abbey	11.9	21.2
Aylestone	10.1	19.1
Beaumont Leys	9.0	16.8
Belgrave	11.9	20.0
Braunstone Park and Rowley Fields	11.7	20.7
Castle	8.0	14.8
Charnwood	11.6	19.6
Coleman	10.4	17.9
Evington	10.1	21.2
Eyres Monsell	12.2	22.8
Fosse	9.0	16.4
Freemen	10.1	18.6
Humberstone and Hamilton	9.0	17.9
Knighton	7.2	15.5
Latimer	12.7	21.2
New Parks	11.8	21.9
Rushey Mead	10.0	18.2
Spinney Hills	10.3	18.1
Stoneygate	9.4	16.4
Thurncourt	11.9	22.9
Westcotes	8.7	14.9
Western Park	9.0	18.4
Leicester City	**10.2**	**18.8**
England	**9.0**	**17.9**

Map 2: Index of Deprivation 2007

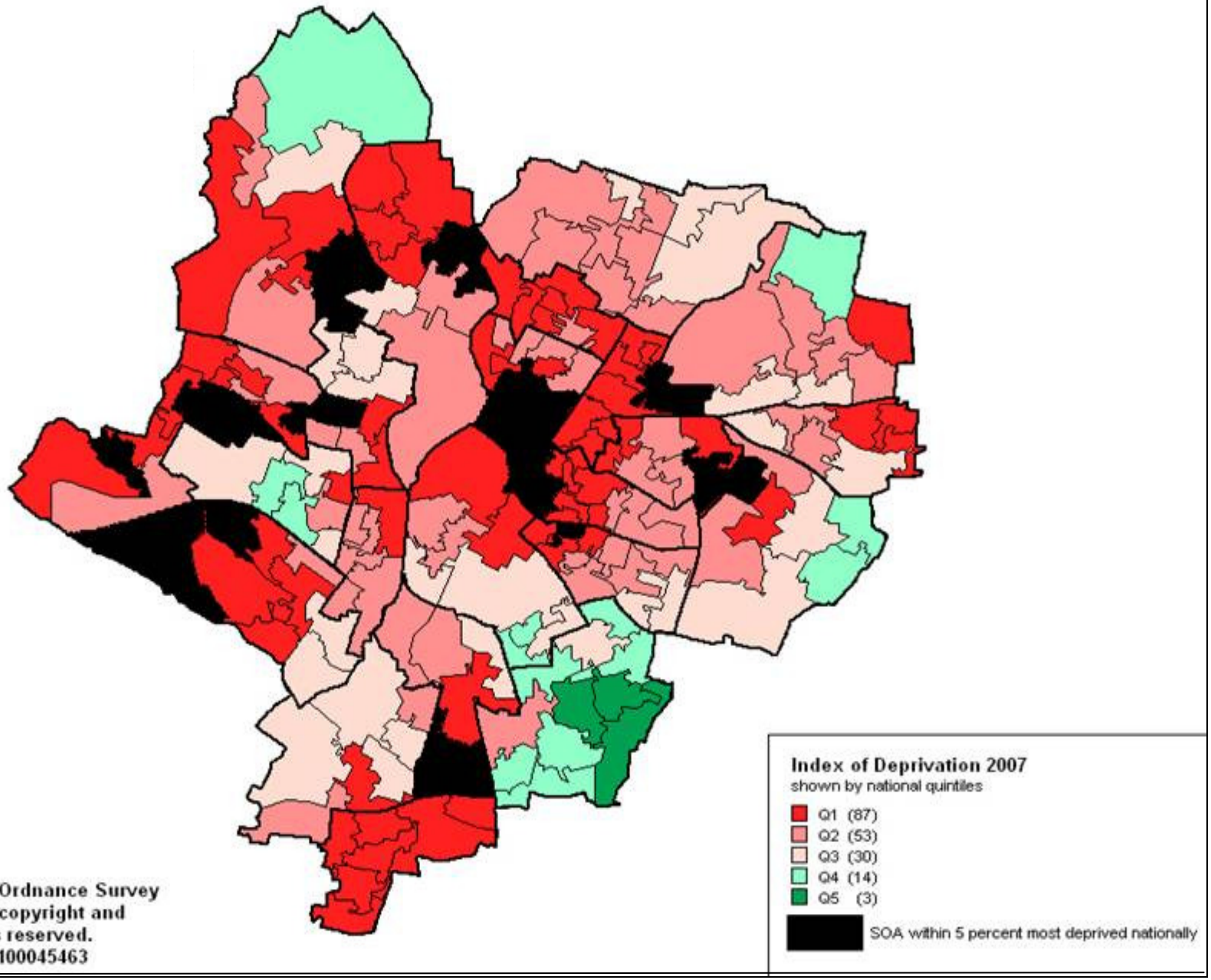
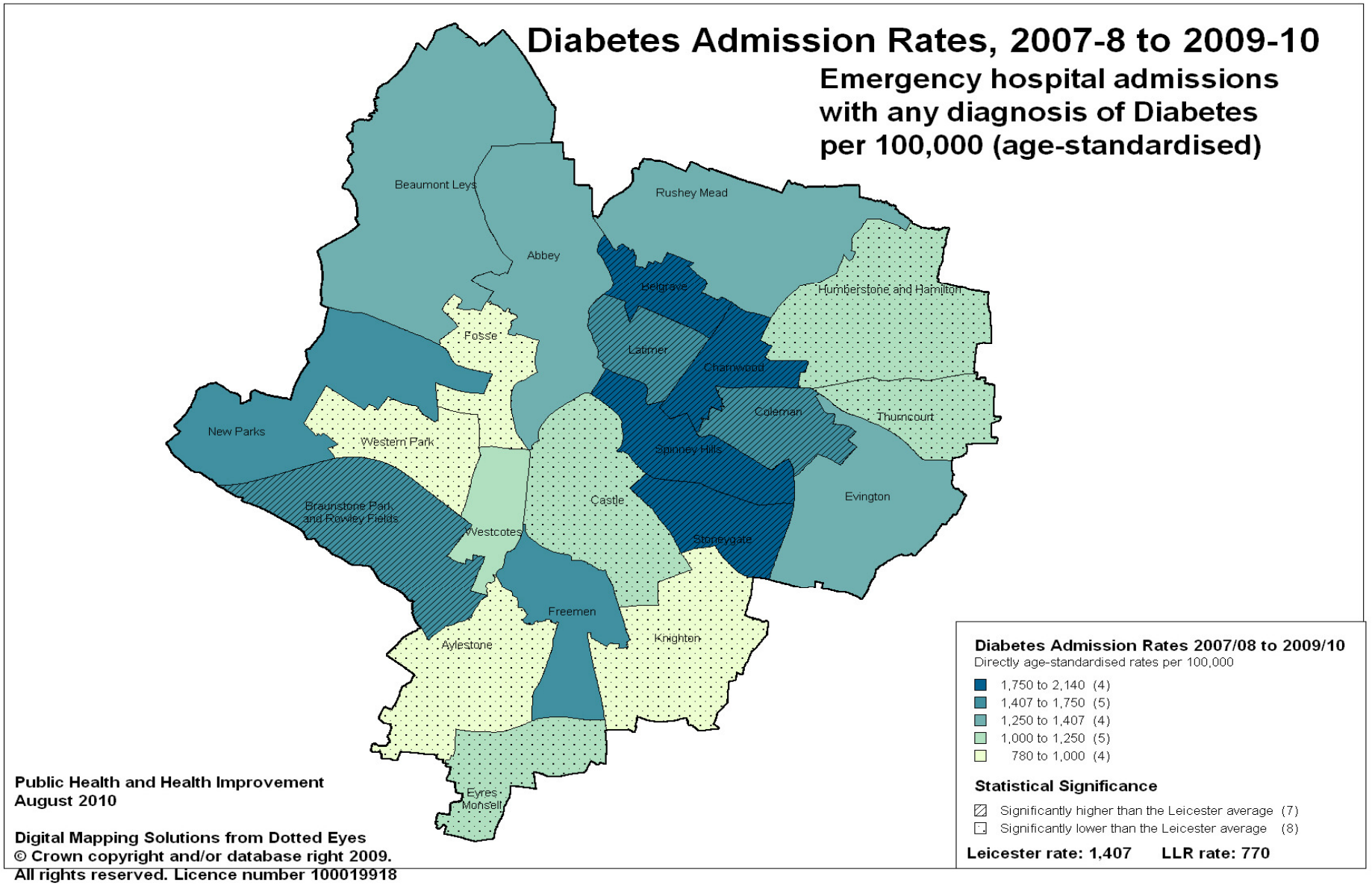


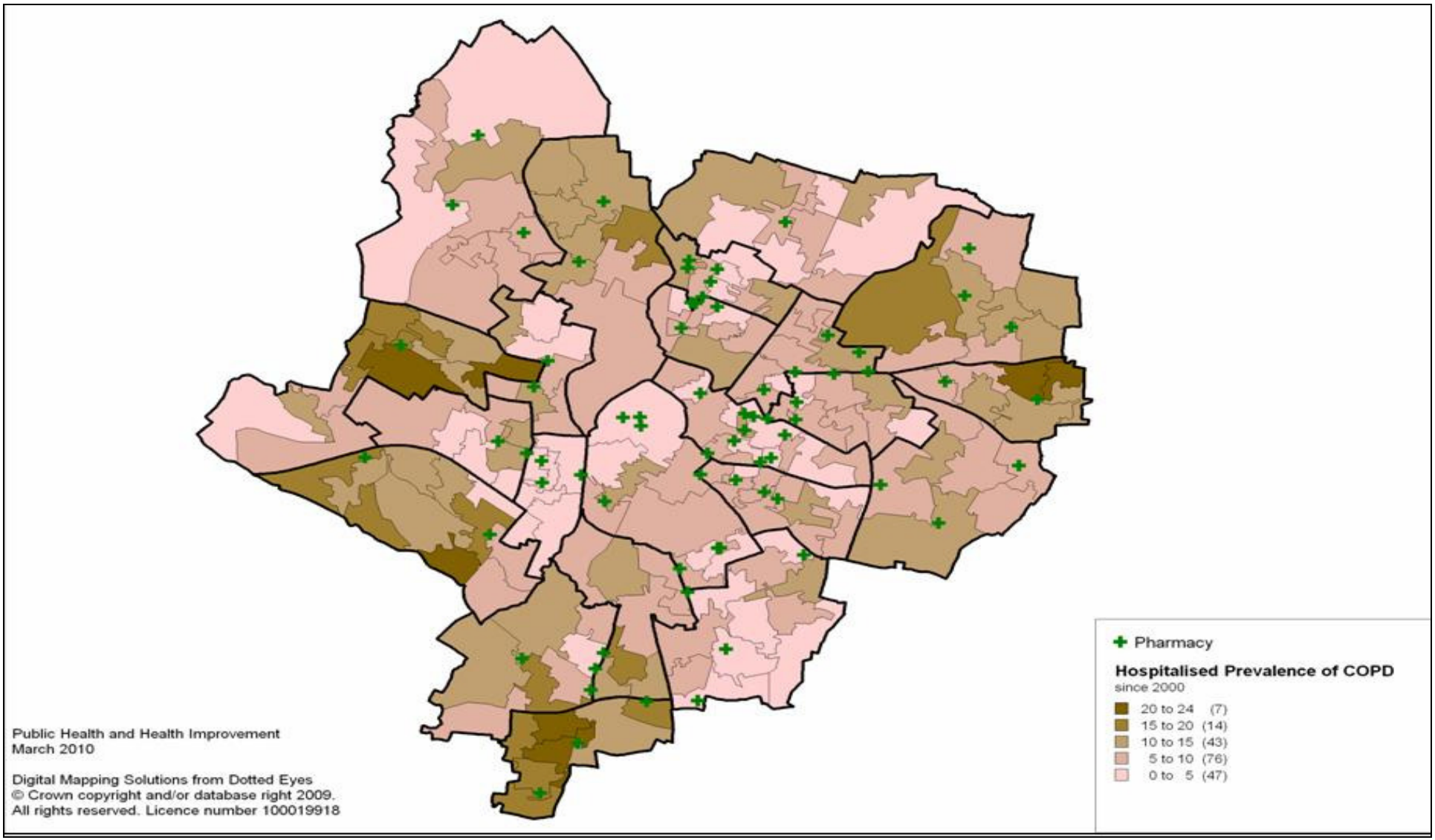
Table 6 disease prevalence by ward (Source: QMAS February 2010)

Ward	CHD prevalence	BP prevalence	Diabetes prevalence	COPD prevalence	Asthma prevalence	Smoking prevalence
Abbey	3.90%	12.69%	6.48%	1.54%	6.07%	23.96%
Aylestone	2.97%	13.35%	4.54%	1.66%	5.76%	22.46%
Beaumont leys	1.95%	7.99%	3.41%	0.98%	4.38%	15.77%
Belgrave	3.77%	14.90%	7.45%	1.16%	4.22%	23.14%
Braunstone Park & Rowley Fields	3.24%	13.16%	6.62%	1.20%	5.05%	21.57%
Castle	1.29%	5.28%	2.46%	0.60%	4.87%	13.02%
Charnwood	2.85%	12.76%	5.90%	1.31%	5.65%	21.96%
Coleman	2.55%	10.94%	5.33%	1.25%	6.20%	20.29%
Evington	4.51%	18.22%	5.26%	0.75%	5.96%	27.81%
Eyres Monsell	3.80%	13.95%	4.71%	1.99%	5.59%	23.32%
Fosse	2.97%	11.36%	4.70%	1.87%	4.99%	20.70%
Humberstone and Hamilton	2.86%	10.88%	4.73%	1.84%	5.43%	20.90%
Knighton	3.64%	15.34%	5.10%	0.89%	6.05%	24.68%
Latimer	3.11%	13.54%	8.70%	0.72%	3.92%	22.02%
New Parks	3.10%	10.71%	4.20%	1.67%	4.24%	18.85%
Rushey Meade	4.15%	17.68%	7.75%	2.12%	6.84%	28.38%
Spinney hills	2.63%	11.11%	7.35%	0.71%	4.58%	19.39%
Stoneygate	2.50%	9.96%	5.94%	0.73%	4.21%	17.57%
Thurncourt	4.40%	17.09%	5.71%	2.66%	6.35%	27.74%
Westcotes	2.72%	11.57%	4.49%	0.90%	4.05%	19.08%
PCT average	**3.15%**	**12.62%**	**5.54%**	**1.33%**	**5.22%**	**21.63%**

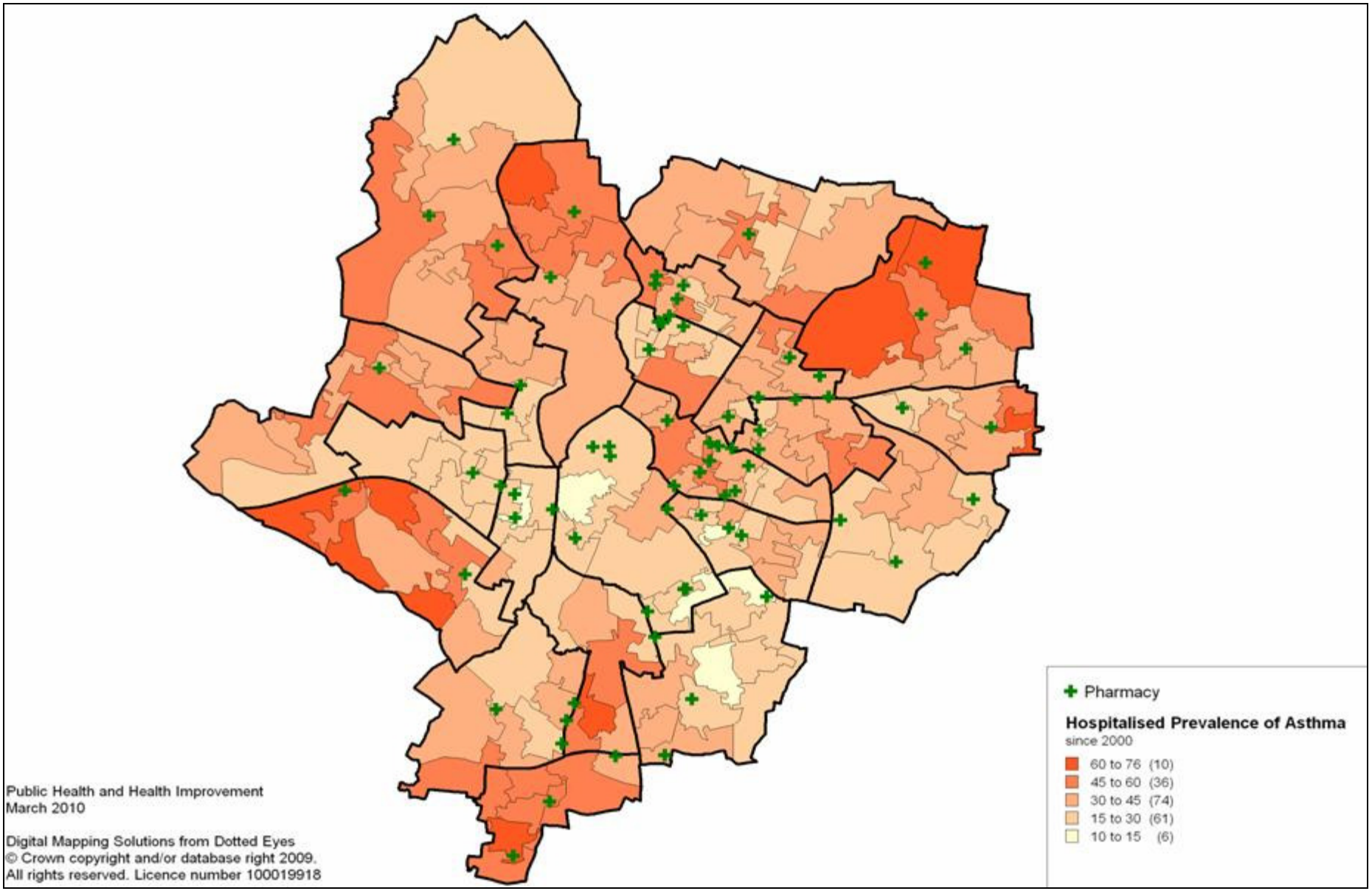
Map 3: Hospitalised prevalence of Diabetes by ward LSOA with Pharmacy Location overlaid



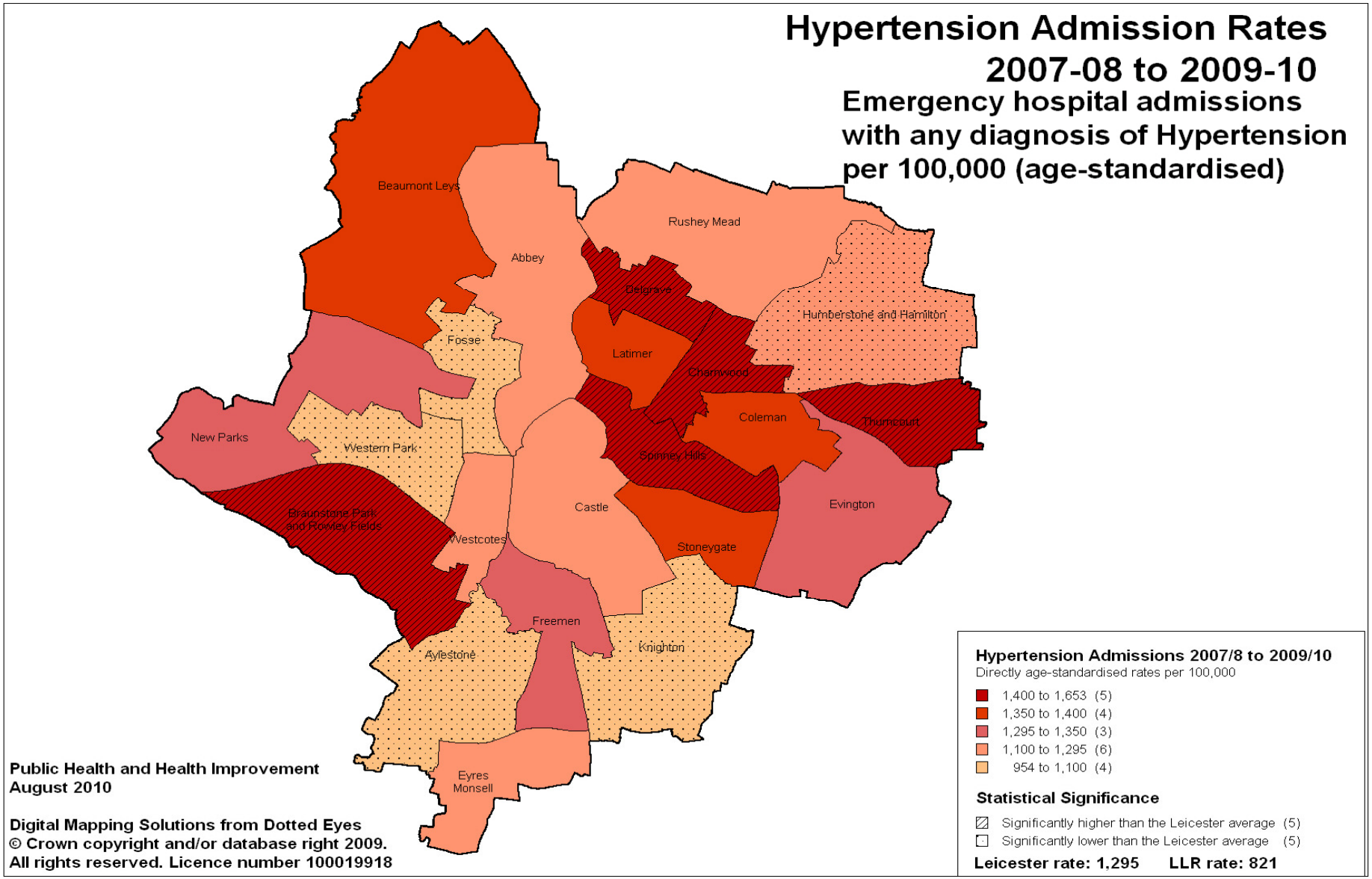
Map 4: Hospitalised prevalence of COPD by LSOA with Pharmacy Location overlaid



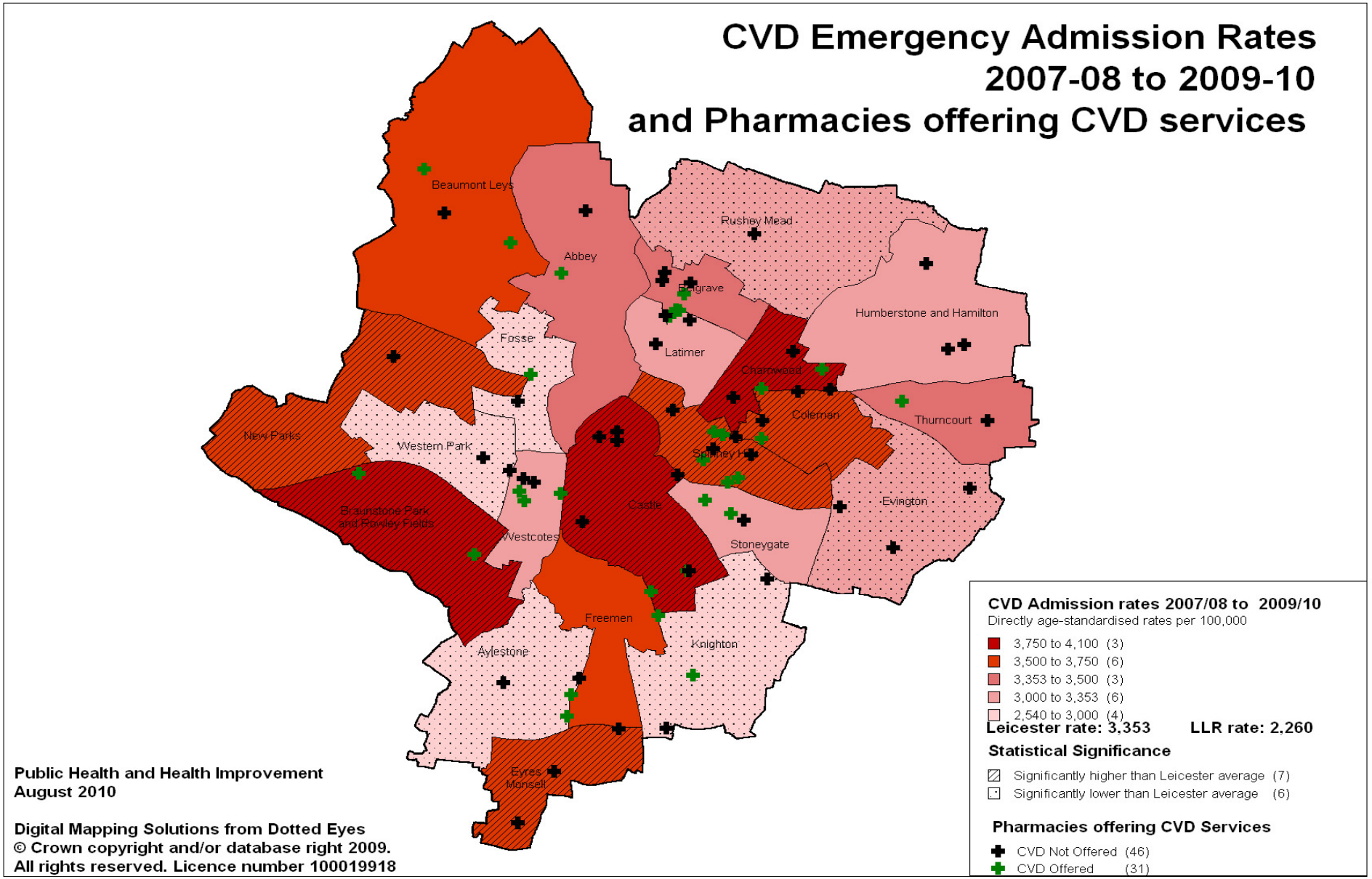
Map 5: Hospitalised prevalence of Asthma by LSOA with Pharmacy Location overlaid



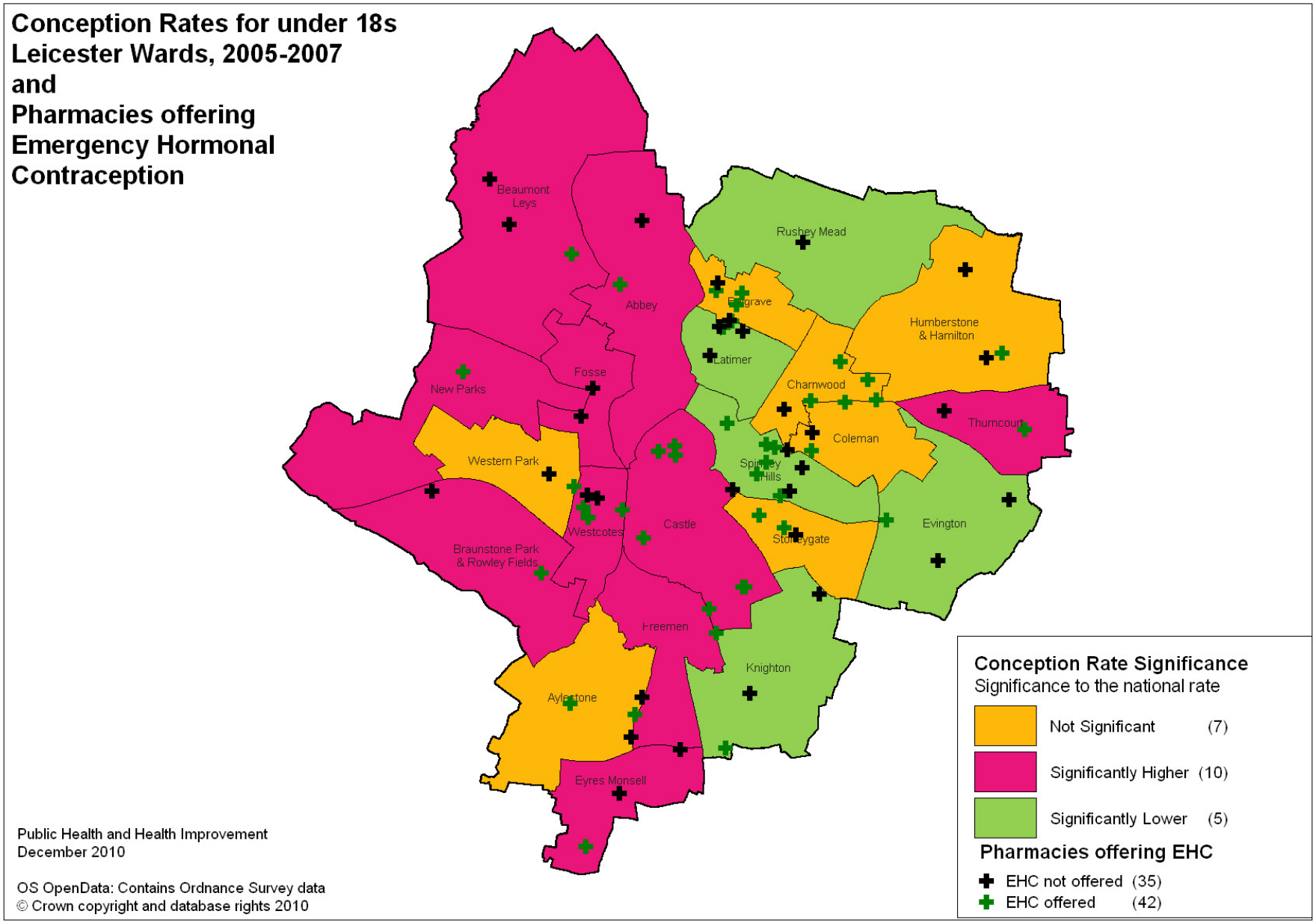
Map 6: Hospitalised prevalence of Hypertension by Ward



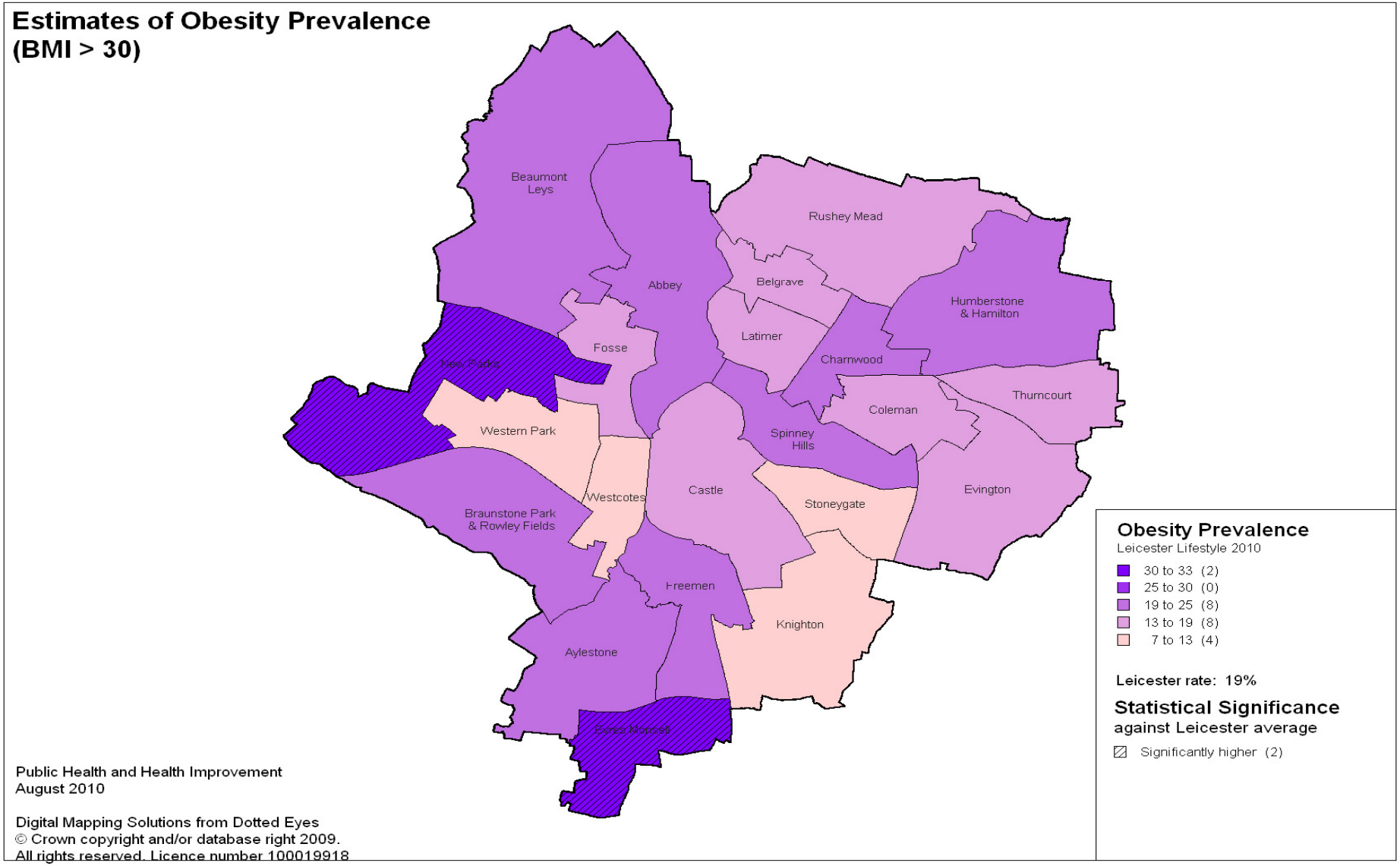
Map 7: Hospitalised prevalence of CVD by LSOA with Pharmacy Location overlaid



Map 8: Conception rates for under 18s level by ward with Pharmacy Location overlaid (with EHC providing Pharmacies identified)



Map 9: Estimates of Obesity Prevalence by ward



Map 10: Estimates of smoking prevalence

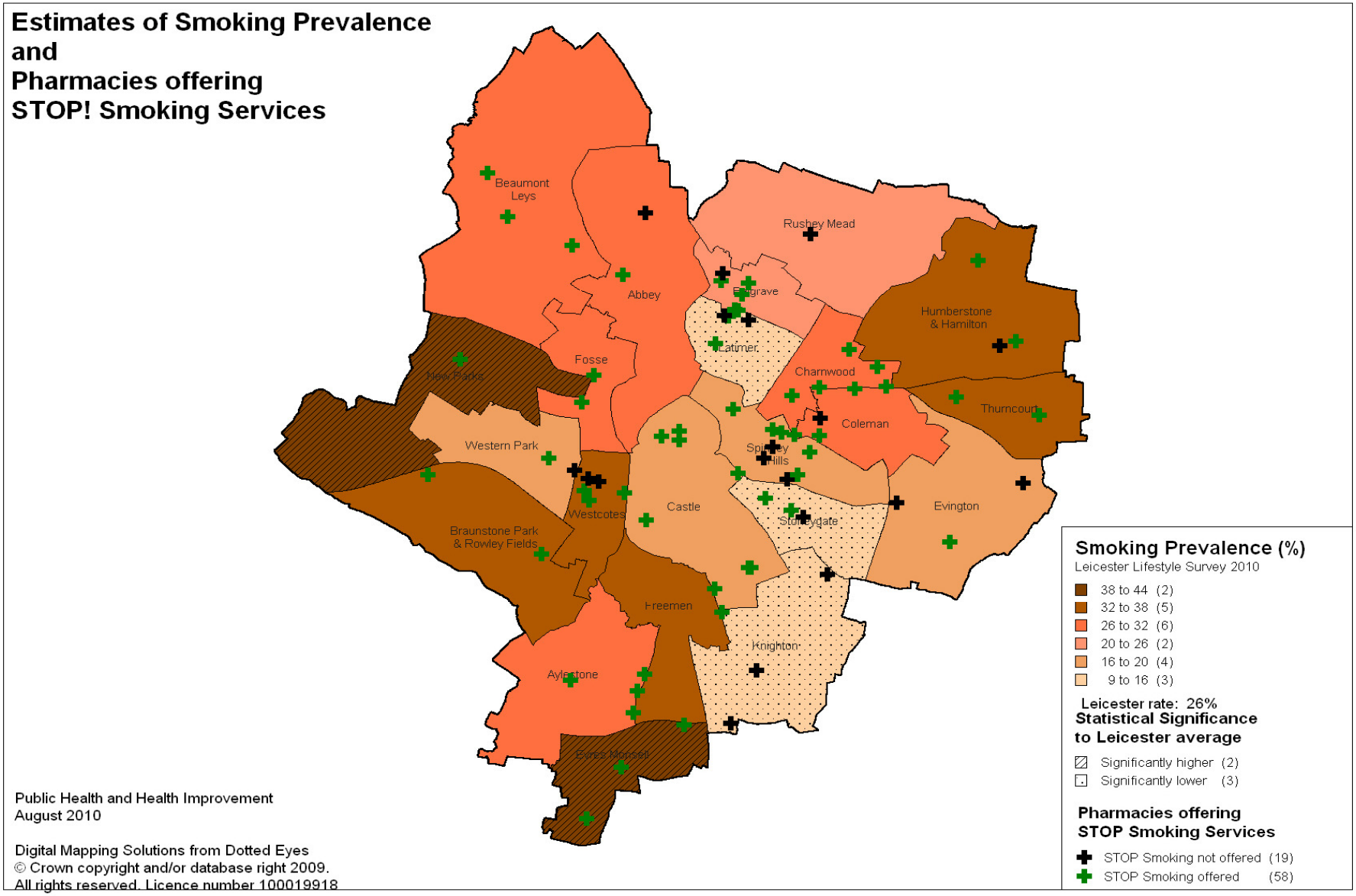


Table 7: Mental Health, depression and dementia prevalence by ward (source QMAS 2010)

Ward	Depression	Mental Health	Dementia
Abbey	9.54%	0.80%	0.41%
Aylestone	6.85%	1.10%	0.40%
Beaumont Leys	7.73%	0.70%	0.43%
Belgrave Ward	0.84%	1.10%	1.23%
Braunstone Park & Rowley Fields Ward	5.32%	1.20%	0.44%
Castle	0.00%	0.80%	0.54%
Charnwood	2.68%	0.50%	0.19%
Coleman	8.12%	1.50%	0.90%
Evington	2.46%	0.60%	2.02%
Eyres Monsell	12.32%	0.90%	2.28%
Fosse	1.57%	0.70%	2.26%
Humberstone and Hamilton	6.52%	0.90%	0.66%
Knighton	5.80%	1.20%	0.17%
Latimer	1.30%	0.70%	0.60%
New Parks	1.42%	1.20%	1.07%
Rushey Meade	1.51%	0.30%	0.13%
Spinney Hills	17.05%	1.20%	0.42%
Stoneygate	38.54%	6.70%	0.24%
Thurncourt	9.39%	1.20%	3.36%
Westcotes	7.60%	1.00%	0.01%
PCT average	**7.33%**	**1.22%**	**2.70%**

The Joint Strategic Needs Assessment of Leicester

5.28 The current JSNA utilises the data to be outlined in this section to identify specific issues, or themes, which characterise Leicester's population. The themes are:

A. The needs of a growing population.

B. Health inequalities and the wider determinants of health.

C. The need to improve specific health outcomes.

D. The need to address lifestyle and behavioural causes of ill health.

E. The needs of specific groups.

Each will be reviewed in turn to ascertain key health issues.

A. The Needs of a Growing Population

5.29 A number of key trends in the Leicester population are likely to give rise to specific need or demand for service. These are described below:

5.30 The population as a whole is expected to grow by over 20% by 2031 and this general trend towards an increased population will need to be factored into planning across health and social care services in Leicester during this time period.

5.31 Leicester is likely to remain a 'young' city overall, and therefore services should be delivered in line with the needs of a younger population. However, the older population of Leicester is also growing, although at a slower rate than in England and in Leicestershire County. Older people have specific health and social care needs, and these will need to be recognised and responded to effectively.

5.32 A distinctive feature of the Leicester population is the particular growth in the numbers of those from an ethnic minority. Given the particular health and social needs of ethnic minority background populations, this will again impact across health and social care services, and will need to be factored into the planning processes across the city.

5.33 There are relatively high numbers of 'new arrivals' into the city, including those from parts of Africa, the Middle East, and Eastern Europe. These groups may have particular health and social care needs, and will place additional strain on existing services.

5.34 Community pharmacy can continue to contribute to the needs of the growing population, by continuing to be flexible and creative in its approach to changing demography. The PCT will support community pharmacy by continuing to inform contractors of the changing demographics both at the city wide and ward level.

B. Health inequalities and the wider determinants of health

5.35 Health conditions vary by age, gender, and a whole range of social, economic and environmental factors. Health inequalities in Leicester have been assessed by comparing the Leicester rate against the England average, and also by comparing local data within the city. Local analysis shows that there is considerable variation in health and ill health across Leicester. This means that the Leicester population generally compares poorly to the England average across a range of conditions, and that sections of the population within the city compare adversely to others; these are generally the more deprived areas of the city.

5.36 Poor health outcomes compared to England are:

- The life expectancy gap between Leicester and England had doubled in the last ten years.

- While all age, all cause mortality for Leicester reduced from 1996-2006, rates are still significantly higher than the national average.

5.37 Inequalities in health outcomes across Leicester:

- There is a difference of six years between the ward with the lowest male life expectancy (Castle ward), and the ward with the highest life expectancy (Knighton ward).

- There is a difference of almost five years between the ward with the lowest female life expectancy (Braunstone ward), and the ward with the highest life expectancy (Belgrave ward).

5.38 Health outcomes and health inequalities are influenced by the quality of health and social care provision, and by the level of access to these services. However, it is also widely recognised that health outcomes are determined to large extent by a wide range of complex and interrelated factors associated with the wider social, economic, and environmental context. These factors include levels of deprivation and poverty, quality and availability of housing, air quality, the lifestyle and behaviours of groups and individuals, and the level of social cohesion and sense of community.

5.39 Although Leicester has some areas of wealth, there are also many areas of extreme and multiple deprivation. Deprivation is a measure of poverty based on criteria such as economic circumstances, health crime, housing, and educational achievement. The pattern of deprivation across Leicester shows higher levels of deprivation in the west of the city than in the east. The majority of the poorest areas are the largely white, working class areas. Leicester is ranked as the 20th most deprived local authority in the country out of 354. Some areas within the city known as 'Lower Super Output Areas' (LSOAs) feature within the 5% most deprived of all areas in the country and are home to 12% of Leicester's population.

5.40 Key areas of the city where planners may need to develop specific plans to address poverty and deprivation are:

- Parts of the New Parks Estate

- Braunstone

- Beaumont Leys
- Spinney Hills
- The estates of St Matthews, St Marks, and Saffron Lanes.

C. The need to address specific health outcomes

5.41 The Leicester population demonstrates particular need in relation to some specific causes of death and ill health, many of which are associated with the wider determinants of health, including social and economic deprivation.

5.42 In 2006, there were 2,540 deaths to residents in Leicester. 75% of these deaths were attributable to three causes:

5.43 Cardiovascular disease (35%) - this is a major contributor to the adverse life expectancy gap between Leicester and the rest of England. There is also a correlation between areas of deprivation in Leicester and high rates of cardiovascular disease; and a similar correlation between higher concentrations of those of South Asian origin in the population, who are predisposed to cardiovascular disease.

5.44 Cancer (23%) - Leicester has the highest rate of lung cancer within Leicestershire, Northamptonshire and Rutland. It is three times higher in the most deprived fifth of Leicester's population, and is also strongly correlated with those wards that demonstrate high levels of smoking, such as Braunstone and Eyres Monsell. It is generally more prevalent in the white ethnic groups.

5.45 Respiratory disease (16%) - rates of mortality from chronic obstructive pulmonary disease (COPD) are slightly above average compared to the national rate, and related hospital admissions in Leicester are the second highest in the East Midlands. There were 3,950 patients recorded on GP registers for COPD in 2007.

5.46 In addition to the main causes of death, the Leicester population is adversely affected by a number of other long-term conditions.

5.47 Leicester demonstrates a higher prevalence of diabetes (4.8%) than both nationally (3.7%) and the East Midlands (4.5%), and is expected to rise to as much as almost 7% by 2015. Diabetes prevalence in Leicester is four times higher in the South Asian population than in the white population, and is also strongly correlated with socio-economic deprivation.

5.48 Coronary heart disease (CHD), prevalence in Leicester is recorded as 3% of the population, although the actual prevalence is estimated to be around 3.7%. Over two thirds of premature cardiovascular disease mortality in Leicester is attributable to CHD, and it represents a large contributor towards the life expectancy gap for both men and women. The rate of coronary events (heart attacks and severe angina) is much higher among the city's South Asian population than in white or black ethnic groups.

5.49 Stroke and transient ischemic attack (TIA) death rates from stroke in Leicester in both males and females are higher than the average rates for England, and

contribute to an estimated 8% of the life expectancy gap. Stroke is more common in the South Asian and African-Caribbean populations.

5.50 Mental health: an estimated 20% of the population might be expected to have a common mental health problem at any one time, and mental health represents a key challenge to health and social care services in Leicester. Deprived areas of the city and those from ethnic minority backgrounds, particularly women of Indian and Pakistani origin, and those from African and Caribbean communities, are more at risk of mental ill health. Young men – across all ethnic groups – are over-represented at the severe end of mental health services, although they are under-represented in services such as counselling and day services.

D. The Need to Address Lifestyle and Behavioural Causes of Ill Health

5.51 Lifestyle and behavioural factors in the population can adversely affect health and wellbeing in a number of ways, and are risk factors for specific diseases and conditions including cancer, diabetes, and cardiovascular disease. Lifestyle and behaviour are closely related to the wider determinants of health, including poverty and deprivation, housing, and social and environmental considerations. However, the lifestyle choices and behaviours that lead to ill health, such as bad diet, smoking, alcohol abuse and low levels of activity, are the ones that can be influenced by health promotion activities and targeting of services to help people achieve better health outcomes for themselves.

5.52 Sexual health related issues in Leicester are similar to those found nationally. There are particular needs to address the issues associated with Chlamydia, where the number of cases rose sharply (36%) between 2002 and 2005. The PCT has already implemented a Chlamydia screening programme aimed at young people and, in 2007/08, almost a thousand 15-24 year olds were screened. The effectiveness of this will need to be evaluated, and any other actions required will need to be determined.

5.53 The rise in HIV infection is a key need within sexual health services, and the number of patients diagnosed with HIV infection in Leicester almost doubled over the period 2002-06. Black African women are the most dominant group, making up 44% of all the diagnosed HIV infections.

5.54 Teenage conception rates in Leicester are significantly higher than the England average, although in the east of the city, they are broadly in line with national rates. Teenage conception rates are strongly associated with high levels of deprivation, and with poor educational attainment. Whilst conception rates have fluctuated since 1998, there was as sharp rise in numbers in 2006. NHS Leicester City commissions an EHC service from community pharmacy. This has recently (August 2010) been harmonised and re-launched to contractors with NHS Leicester County & Rutland and it is hoped that there will be an increased level of provision.

5.55 Smoking is known to be the principal cause of avoidable premature deaths in the UK, accounting for 17% of all deaths. It harms almost every organ of the body, reducing quality of life and life expectancy and resulting in diseases such as cancers, respiratory, circulatory and digestive diseases. Since 1998,

adult smoking rates in England have fallen from 28% to 23% in 2006[6], equating to over two million fewer smokers. NHS Leicester City commissions a smoking cessation service form community pharmacy.

5.56 Across Leicester, 23% of adults equates to approximately 50,000 smokers, of whom around half will die prematurely as a direct result of smoking; an estimated 424 people died from smoking in 2006[7]. Smoking related mortality is strongly linked to health inequality, and is highest in areas of greater deprivation.

5.57 The specific parts of the Leicester population most likely to smoke and therefore most likely to require targeting by health and social care services and health promotion are:

- The most deprived populations
- People with mental health problems
- Some ethnic groups (Bangladeshi and Pakistani men)
- It is anticipated that levels of smoking in England will drop further (by an estimated 1.5% to 2%) as a result of the smoking ban in public places, introduced in July 2007. There is a need to assess the impact that the smoking ban has had on smoking rates in Leicester, and for health and social care services to respond accordingly.

5.58 A balanced diet is essential for health and well-being; a poor diet can affect mood, concentration and energy levels in addition to the risk of heart disease, cancers, obesity and diabetes. It is estimated that nationally 1 in 3 deaths from cancers and 1 in 3 deaths from heart disease are due to poor diet.

5.59 Levels of obesity are rising across England. Adult obesity levels rose from 13.2% in 1993 to 24.9% in 2006 for men and 16.4% to 25.2% for women. In Leicester, around 58,000 (27%) adults are obese. There is a correlation between high levels of obesity and areas of high deprivation.

5.60 Linked to obesity is the low level of physical activity. Leicester is within the bottom 25% for participation in sport with only 18% of adults achieving 30 minutes of moderate activity at least 3 days a week

5.61 Alcohol is a social drug enjoyed by many people. However, for some people, social drinking can lead to heavier drinking, which can cause serious health problems. It is estimated that 1 in 13 people in the UK are dependent on alcohol with several million drinking excessively, to the extent where they are putting their health at risk.

5.62 Poor health due to alcohol abuse in Leicester is increasing. Compared to the national mortality rate, chronic liver disease mortality in Leicester is significantly higher that the national rate. In 2006, there were 31 deaths from liver disease in Leicester, 26 in men and 5 in women. It is a particular problem

[6] Statistics on Smoking, 2007: The Information Centre Lifestyle statistics
[7] Community Health Profiles 2008 (http://www.healthprofiles.info)

in males, where 96% of liver disease deaths occur before 75 years of age (90% in England). Levels of heavy drinking are higher in the west of the city, but are lower in the Asian communities found in the east.

5.63 The harm caused by alcohol represents a major challenge to the whole community in Leicester, and it is a social problem as well as a health problem. It is estimated that around 33,000 people in Leicester are hazardous drinkers, 11,000 are harmful drinkers and about 3,500 are dependent on alcohol. This contributes to a range of significant problems for the individuals, families and communities living in the city. For example, Leicester has higher rates of alcohol-related crimes and sexual offences, compared to England.

5.64 The contribution of community pharmacies in many of the areas mentioned is already established. NHSLC has commissioned services in EHC and smoking cessation. A number of non-commissioned services and the core services of community pharmacy are making inroads into supporting patients to make health related lifestyle changes. The PCT can do more work with community pharmacy in quantifying the outcomes of these actions and sharing methodology and outcomes across its contractors.

E. The Needs of Specific Groups

5.65 The information contained in the JSNA highlights the needs of particular sections of the Leicester population, which should be borne in mind by strategic planners across health and social care. Several of these are implicit above, but are highlighted more specifically below.

5.66 Evidence suggests that there are relatively high levels of integration across ethnic groups in the community in Leicester; furthermore, the common pattern of association between ethnicity and poverty and deprivation is not seen to the same extent in Leicester as in other English towns and cities. However, there remain a number of issues affecting ethnic groups in Leicester.

5.67 In economic terms, ethnic minority groups are more likely to be unemployed in Leicester than are white ethnic groups. Within the South Asian population in Leicester, there are two distinct groups, as indicated by mosaic profiling. There is a more economically advantaged group, known as the 'Asian Enterprise' group, however, there is a smaller group of 'South Asian Industry', which is more likely to be economically disadvantaged.

5.68 Individuals from ethnic minority backgrounds are at particular risk of a number of health conditions. Most significant for Leicester, the South Asian population is at particular risk of diabetes, cardiovascular disease, and coronary heart disease. Black African women are more at risk from HIV infection, and the Black African population in general appears to be at risk of more severe mental illness.

5.69 Conversely, the prevalence of lung cancer is lower in ethnic minority groups, and is more prevalent in white ethnic groups. White ethnic groups are also more likely to suffer from alcohol problems, and alcohol related illness and mortality.

5.70 Older people - The Leicester population is ageing, as noted above. Older people are known to have particular needs in a number of areas. These include:

- **Depression:** in Leicester, estimates suggest that there are between 3,500 and 5,400 older people known to have depression. Projection work suggests that there may be between 4,440 and 6,660 by 2025.

- **Dementia**: prevalence rates suggest that there are 2,631 people in Leicester with dementia. This is expected to rise to 2,635 by 2010 and to 2,707 by 2015. Prevalence rates for dementia vary from ward to ward, however, there are a small number of wards with much higher levels of dementia than others

- **Mobility**: the main illness/disability experienced by residents is mobility (58%), especially within the home. There were 297 equipment and adaptation installations in the last financial year. The top three areas in Leicester, which report long standing illnesses, are: New Parks, Braunstone and Rowley Fields.

5.71 Carers - According to the 2001 census, the number of Leicester carers aged over 18 years responsible for giving at least one hour of care per week was 25,473, of whom 4,069 were aged 65 or above. Adding in 1,128 young carers this means that about 9.5% of the city's population are carers. The highest numbers of carers aged 18-64 years are to be found in Spinney Hills ward (1,658 carers). The highest numbers of carers aged over 65 are to be found in Knighton ward (351 carers). The highest proportions of carers (as a percentage of ward population) are to be found in Evington and Latimer wards (carers aged 18-64 years) and Eyres Monsell and Knighton wards (carers aged over 65years).

5.72 The following observations are made regarding the known and potential needs of carer's in Leicester:

- The census allowed for a measure of the quantity of caring. 10,211 carers reported that their caring role accounted for at least 20 hours a week.

- To some extent, 'higher hours caring' correlates with age, that is, the older the carer, the more likely it is that he or she will be caring for 20 hours or more.

- The census is a 'self-reported' dataset that might not correlate with the carers who are eligible for a social care assessment under the three Carers Acts.

- Approximately, two-thirds of carers are female and one-third male. Around half were aged 45-64 with one-third 65 or over.

- Approximately, 60% had an ethnicity of White British and a third were in one of the Asian categories, mainly Asian/Asian British (Indian).

5.73 Community pharmacy is well placed to support and address the needs of specific groups. Many patients develop a relationship with their pharmacist,

often built up over time and based on trust. This makes them key contact points for older people and carers, who often visit the pharmacy more than their GP. The pharmacy Terms of Service requires pharmacists to provide support for self care and signposting into other services and, where thought appropriate, to record that information.

5.74 NHS Leicester City has to date not explored what is being recorded by pharmacy, by doing so valuable insight could be gained into the kinds of support and signposting being requested by patients.

Community Pharmacy and Health Needs

5.75 Community pharmacy clearly has much to offer and a role to play in meeting many of the health needs described above, through core services such as dispensing, through more advisory services, such as the promotion of healthy lifestyle and through use of Medicine Use Reviews to ensure compliance with and the maximum benefit of prescribed medicines.

5.76 Additionally NHS Leicester City has commissioned some services to meet health needs specific to the city, but its clear that the advantages offered by the community based setting of pharmacy needs to be better understood, developed and communicated.

5.77 The future development of services from community pharmacy needs to attend to and contribute to the growing evidence base for the efficiency of such services. Whilst NHSLC has commissioned a number of city wide services from community pharmacy, the findings of NHSLC's annual contractual reviews with pharmacy contractors illustrate that pharmacists are very adept at tailoring their services to local needs.

5.78 Like many cities Leicesters' population has global needs and very local needs and for the future of community pharmacy commissioning it may be necessary to differentiate more clearly from the kinds of service that meet a need city wide and those services that meet the needs of discrete local populations. Additionally, community pharmacy is well placed to meet the specific needs of proportionally smaller groups of the population.

Section 6: PHARMACEUTICAL SERVICE PROVISION

GP and Pharmacy Provision within Leicester

6.1 NHS Leicester City has 65 GP Practices and 78 Community Pharmacies. These are dispersed throughout the PCT, but concentration of provision varies from ward to ward.

6.2 Table 8: Pharmacy and GP Provision by contract and contractor type

Pharmacies	
Number of Independent pharmacies	41
Number of Small Multiple pharmacies	18
Number of National Multiple Pharmacies	15
Number of 100hr Pharmacies	3
Mail order/ wholly internet Pharmacies	1
Total Number of Pharmacies	78
No of Pharmaceutical applications approved awaiting completion	0
Number of approved minor relocations awaiting completion	1
GPs	
Number of Sole Practitioner GP surgeries-	19
Number of two partner GP surgeries-	10
Number of multi partner GP surgeries-	36
Total GP Practices-	**65**
Number of branch surgeries-	13

NHS Leicester City also has a walk in centre open from 8am to 8pm 7 days a week.

Leicester's 3 100 hour Pharmacies are:

Tesco Pharmacy: Hamilton
7 –11 Pharmacy: Spinney Hill
Your Pharmacy: Westcotes

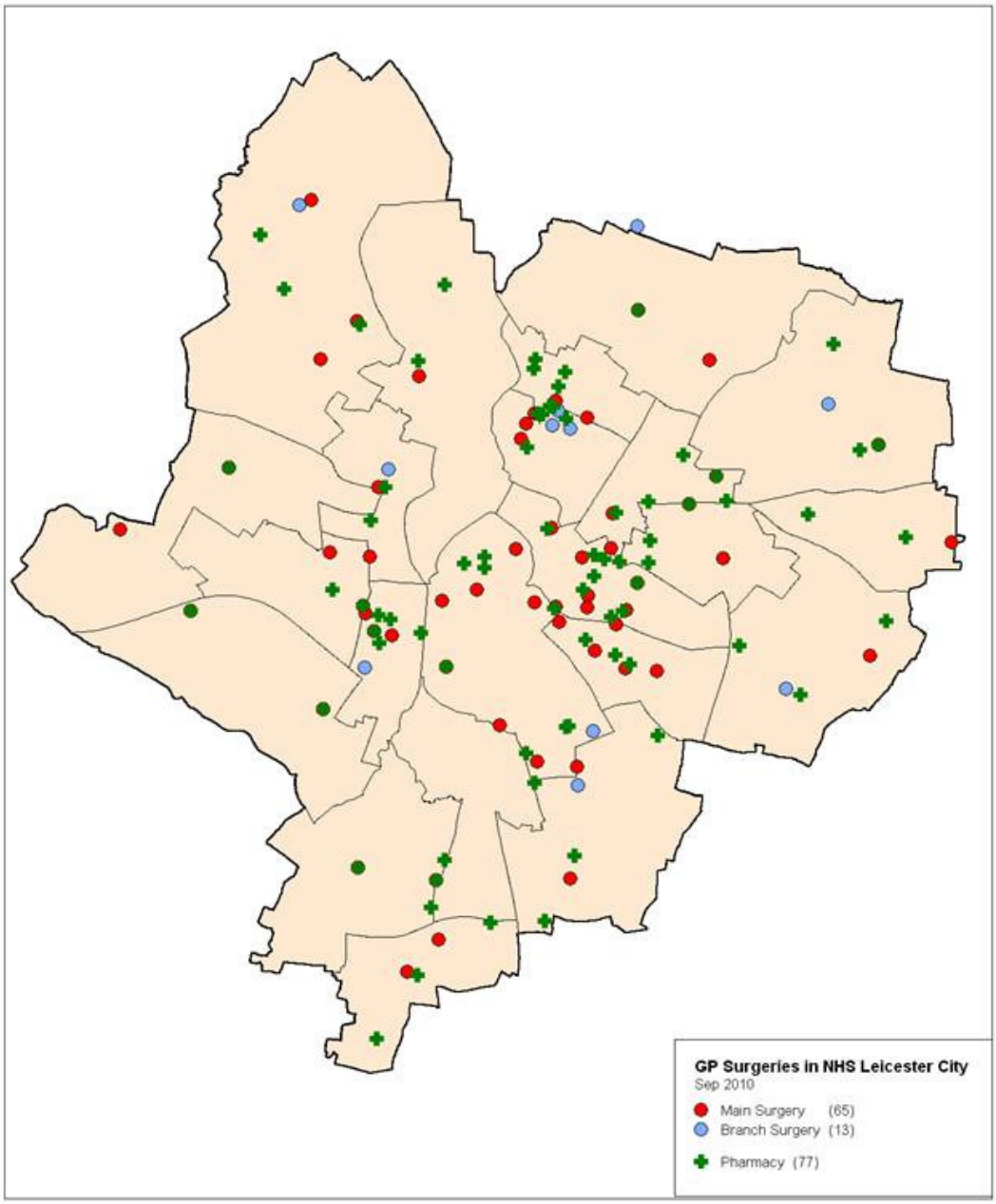
A more detailed breakdown of pharmacy opening hours can be found in appendix 6.

6.3 Table 9: GP surgeries and Pharmacies by ward

Electoral Ward	No. of Pharmacies	No. GP practices	Registered population as at 1/10/10
Abbey	**2**	**1**	**14130**
Aylestone	**3**	**3**	**17229**
Beaumont leys	**3**	**3**	**17052**
Belgrave	**9**	**4**	**10105**
Braunstone Park & Rowley Fields	**2**	**2**	**24326**
Castle	**6**	**7**	**39260**
Charnwood	**5**	**4**	**15977**
Coleman	**4**	**2**	**16691**
Evington	**3**	**1**	**6692**
Eyres Monsell	**4**	**4**	**17843**
Fosse	**3**	**2**	**18295**
Freeman	**0**	**0**	**9983**
Humberstone and Hamilton	**3**	**1**	**4401**
Knighton	**4**	**2**	**6151**
Latimer	**1**	**2**	**7254**
New parks	**1**	**2**	**12147**
Rushey Meade	**1**	**3**	**5661**
Spinney hills	**9**	**10**	**73904**
Stoneygate	**5**	**5**	**21963**
Thurncourt	**2**	**1**	**8321**
Westcotes & Western Park	**7**	**6**	**21268**

Map 11: Location of health resources in NHS Leicester City

GP Surgeries and Pharmacies in NHS Leicester City



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Pharmaceutical Services

6.4 Community Pharmacy can effectively contribute to the majority of the health needs expressed in the JSNA. Community pharmacy provides a service that is both responsive and customer focused. Community pharmacy is not a misnomer, pharmacy has a distinct Community focus with the added advantage of relative ease of access. Many of the themes of the JSNA are reflected in the mandatory service provision of community pharmacy. These mandatory levels of provision, which are the terms that all Pharmacies who wish to provide NHS services MUST adhere to where described in the 2005 Pharmacy Contractual Framework. The structure of the framework has three components:

- Essential services – must be provided by all contractors;
- Advanced services - can be provided by all contractors once accreditation requirements have been met.
- Enhanced services - commissioned locally by Primary Care Trusts (PCTs) in response to the needs of the local population.

Essential services

6.5 Essential services are made of seven components:

- Dispensing of medicines - pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made, which they judge to be significant.
- Repeat dispensing - pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their General Practitioner.
- Waste management - pharmacies are obliged to accept back unwanted medicines from patients. It is estimated that the current cost of unused or unwanted medicines exceeds £100 million annually.
- Public Health - each year pharmacies are required to participate in up to six campaigns at the request of the PCT. This involves the display and distribution of leaflets provided by the PCT. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- Signposting - PCTs will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help
- Support for self-care - pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct. Records will be kept where the pharmacist considers it relevant to the care of the patient.

- Clinical Governance - As part of the clinical governance requirements, pharmacies have to participate in clinical audit of their services and have arrangements in place to verify the quality of advice provided to patients. They must have procedures for providing information to patients, obtaining views and dealing with complaints from patients. They must also implement relevant risk management measures.

6.6 From these essential requirements waste management and clinical governance do not have a specific and defined role in meeting the health needs of the population. However, clinical governance underpins all pharmacy services and the robust application of clinical governance principles provides a level of assurance to the quality of service provided.

Advanced Services: Medicines Use Reviews

6.7 Medicine Use Review (MUR) is an advanced service within the community pharmacy contract and focuses on using the skills of pharmacists to help patients in the use of their medication. An MUR will help patients to understand how their medicines should be used and why they have to take them, identifying any problems and, if required, providing feedback to the prescriber, via the NHS MUR form.

6.8 The main aim of the MUR service is to:

- Improve patients' understanding of their medicines,
- Identify any problematic side effects and propose solutions where appropriate.
- Improve patient compliance in taking their medicines
- Improving the clinical and cost effectiveness of medicines and thereby reducing medicines wastage, usually by encouraging the patient only to order the medicines they require.

6.9 Nationally it is estimated that 33-50% medicines are not taken as intended and that 4-5% of all hospital admissions are medicines related.

6.10 Advanced services require the pharmacist to be accredited against a competency framework and to have pharmacy premises that meet standards that facilitate the provision of these services in a suitable, confidential environment.

6.11 Currently **97%** of Leicester's Pharmacies have premises that are accredited to deliver MURs.

6.12 The number of MURs that any community pharmacy contractor can deliver in a year is set nationally at 400. In NHSLC there were 15581 MURs conducted in 2009/10. This ranged across accredited pharmacies from 0 to 400. The average number of MURs delivered in the financial year 2009 – 10, was 194.

6.13 Findings from the PCTs current round of contract reviews has found that the most common MURs are for Hypertensive, Diabetics and Asthmatics.

6.14 NHS Leicester City is working with pharmacy contractors to further match the delivery of MURs to need. In order to do this NHS Leicester city is currently working to identify priority groups for MURs.

The Care Homes Use of Medicines Study

6.15 The Care Homes Use of Medicines Study (2010)[1] found significant levels of error with the prescribing, dispensing and administration of medicines in nursing and residential homes. Some of the recommendations of the study were:

- A preferred GP per home with a link to their practice computer in the home.
- Pharmacists should regularly review residents and their medication;
- Pharmacists can also rationalise regimes to help home staff work more safely.

6.16 As a result of the study the Department of Health asked each PCT to submit to the SHA an action plan detailing how it would respond to the findings. In particular it was requested that PCTs should:

- Review the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes
- Establish a plan for effective joint working in the future

6.17 As part of the NHSLC response an audit of a number of care homes was undertaken and it was found that the level of errors described in the report was not replicated in Leicester.

6.18 This report clearly identified some level of need for pharmaceutical services and going forward, it is possible that as prescribing issues are addressed by the practices, working alongside the PCT, there will be a need for community pharmacy to work on maintaining dispensing services and advising staff on safe handling and administration of medicines, where appropriate, in nursing or residential homes.

Local Developments with MURs

Asthma

6.19 NHS Leicester City, in partnership with Glenfield Hospital is also undertaking an MUR study with asthma patients under 25 years of age, a group who can have high levels of hospital admissions. It is hoped that this study will provide important information in establishing the affect of MURs on a distinct group, but also provide lessons that can be shared with all clinicians in the city.

(1) http://www.haps.bham.ac.uk/publichealth/psrp/documents/PS025_CHUMS_Final_Report_with_appendices.pdf

6.20 All PCTs can approve accredited pharmacists to undertake MURs on premises other than their normal place of business (patient's homes, nursing homes etc). NHSLC is currently exploring the development of systems to support pharmacy contractors who wish to undertake off site MURs.

Integrating MURs into General Practice

6.21 In undertaking Contract Reviews, it has become clear that the pharmacy aspect of an MUR is only part of the whole process. community pharmacy sends the findings of their MURs to the patients' GP. The Contract Reviews identified that, in relation to MURS, joint working between pharmacists and GPs was extremely variable. At one extreme there are Pharmacists in regular contact with their local surgeries to discuss areas for MURs and finding this a productive working relationship. At the other extreme were pharmacies who found that their MURs were often ignored, challenged or not acted on.

6.22 Clearly, the full benefit of the MUR cannot be realised unless they are valued by general practitioners. As part of its work to better target MURS, the PCT has recently canvassed GPs for their views on MURs. The preliminary findings are not encouraging, with those GPs who responded seeing MURs as an unnecessary duplication of effort and as often resulting in quite trivial findings.

6.23 Patient responses to MURs are generally favourable, but there is some disconnect between this and the views of the General Practitioner. In order to maximize the benefit to patients and prescribers, the PCT needs to continue to work on developing MURs that are targeted at specific patient groups and integrated into public health objectives. In addition there is a financial imperative to improving MURs, as inappropriate usage of medicines is not only detrimental to clinical outcome, but it can also result in unnecessary expenditure by the prescriber.

6.24 There are good models of working practice, both in approach, targeting, patient recruitment and integration with other health care providers. The PCT needs to capture these and share them with community pharmacy contractors to maximize the benefit from MURs.

Enhanced services

6.25 NHS Leicester City commissions a range of enhanced services from community pharmacy directed at meeting specific local health needs. All enhanced services are provided to eligible patients for no charge and in confidence – though for some services, the pharmacist may direct patients to a GP where clinically appropriate. Current enhanced services are;

- **Emergency Hormonal Contraception** - this service dispenses Levonelle to women up to 25 years of age who fit the eligibility criteria. The aim of the service is to prevent unplanned pregnancies. EHC is currently provided by 37 Pharmacies. There are likely to be additional providers in 2010 following further training.

- **H-Pylori screening** - this service provides a Breath Testing Service, to patients with dyspepsia symptoms, to detect the presence of the

helicobacter bacteria, which can cause stomach ulcers. This service is provided by 44 Pharmacies

- **CVD screening -** this service is for patients aged between 40 and 70 with no current diagnoses of CVD. The service identifies CVD risk and provides the patient with advice and support. Thirty four pharmacies provide CVD screening

- **STOP - Smoking Cessation service -** this service supports patients who wish to stop smoking, via Nicotine replacement therapy and ongoing support. STOP is provided by sixty one pharmacies

- **Pharmacy First - t**his service is aimed at reducing attendance in general practice for minor ailments. Items such as Calpol, ibuprofen etc can be dispensed with out a prescription for no charge. Sixty eight pharmacies provide Pharmacy First.

- **Seasonal flu vaccination -** this service is provided to those patients eligible for a flu jab. Eighteen pharmacies are accredited to provide the seasonal flu vaccination.

- **Chlamydia screening -** this service is provided to patients aged 16 – 24 who wish to know their Chlamydia status. It is a free and confidential service. Thirty two pharmacies provide Chlamydia screening.

- **Needle exchange -** a service for IV drug users, aimed at providing clean needles and so reducing the risk of infection such as Hepatitis. Fourteen pharmacies provide Needle Exchange.

- **Supervised consumption -** commissioned in partnership with the Drug and Alcohol Action Team (DAAT), this service is for registered addicts and supports their attempts to become progressively drug free by the regular monitored dosage of an opiate substitute. Thirty one pharmacies provide supervised consumption.

6.26 The voluntary nature of an enhanced service whereby the community pharmacies can decide to deliver the service or not, may create inequalities, a patient who wishes to access a service may find that it is not available at their local pharmacy.

6.27 However all NHS Leicester City's community pharmacy enhanced services have good levels of coverage, in addition, it is written into the service specification that where a pharmacy cannot provide a service then they must signpost patients to the nearest pharmacy delivering that service. For some enhanced services, a minimum level of delivery is required.

6.28 As part of the PCTs quality contract reviews, variance, positive and negative, in uptake, promotion and targeting is being explored and good working practice will be shared. In addition, pharmacies that do not provide services for which there is a demonstrable local need are being encouraged to take them up – though the final decision remains the contractors.

Dispensing Activity

6.29 Dispensing activity varies from ward to ward, as does the number of items dispensed.

6.30 As part of the city's 2010 Annual Quality Contract Reviews, all contractors have been presented with this comparative data. To date, none of Leicester's Pharmacies indicate that they are under any pressure to maintain current levels of dispensing, and a number are making plans to expand their current capacity by additional recruiting or training.

6.31 Table 10 indicates prescriptions and items dispensed per month

Ward	No of Pharmacies	No GP practices	Registered population as 10/10	Mean prescription forms per month	Mean items dispensed per month
Knighton	4	2	6151	1336	1538
Humber stone & Hamilton	3	1	4401	1931	3574
Evington	3	1	6692	1996	3939
Stoneygate	5	5	21963	2149	4179
Belgrave ward	9	4	10105	2237	5001
Freeman	0	0	0	0	0
Fosse	3	2	18295	2311	6826
Castle	7	7	39260	2331	4093
Abbey	2	1	14130	1324	2458
Eyres Monsell	4	4	17843	1875	1431
Aylestone	3	3	17229	2950	5913
Latimer	1	2	7254	2970	6373
Coleman	4	2	16691	2998	5613
Thurncourt	2	1	8321	3183	6653
Charnwood	5	4	15977	2127	4346
Spinney Hills	9	10	73904	3271	6808
New Parks	1	2	12147	3382	6516
Rushey Meade	1	3	5661	3478	6609
Beaumont leys	3	3	17052	4599	8614
Braunstone Park & Rowley Fields ward	2	2	24326	6566	12508
Westcotes	4	4	7019	8956	17008
Western Park	2	2	14249	3324	7158
Averages	**4**	**3**	**16303**	**2916**	**5780**

NHS Leicester City has no dispensing GPs or appliance contractors. There are three hospital pharmacies in the area.

Access

6.32 Community pharmacy offers extended access without the need for appointments. Many of Leicester's pharmacies are in high street settings, which can create some issues in relation to parking and access for patients with mobility problems.

6.33 In the Leicester city area, three pharmacies report that there is no nearby or designated parking. Seventeen of Leicester's' pharmacies have designated parking, and of them, 15 have disabled parking space(s). Forty-two pharmacies report free parking either directly in front of the pharmacy or within short walking distance.

6.34 As not every patient has access to a car, NHS Leicester City has also surveyed it's pharmacies to identify access points to public transport. Fifty-six of Leicester's community pharmacies have bus stops outside them or nearby. Three are within a short distance of Park and Ride schemes and five are within a short distance of Leicester Railway station. Sixteen pharmacies have a taxi rank in close proximity and 19 pharmacies have dedicated bicycle racks.

Local Developments that may impact upon community pharmacy in Leicester

Housing

6.35 Figures supplied by Leicester City Housing department indicate that extra housing for 25,600 persons is required in the period 2006 to 2026. Projected completion plans indicate that Abbey and Beaumont Leys wards have the most significant level of planned housing development in that period. The Leicester City housing trajectory is in appendix 7.

Changes to GP provision

6.36 Since 2008, Leicester City has seen the development of three new GP surgeries (SSAFA in the Merlyn Vaz Health Centre), the Bowling Green Street surgery (in the city centre) and the Northern Heights practice. There have been no expressions of concern over access to community pharmacy services from either GP surgeries or pharmacies in those areas. It is too early to determine whether there has been a significant increase in prescribing activity.

6.37 A planned LIFT project, in Belgrave, will provide new accommodation for existing GP surgeries and one existing community pharmacy contractor.

Patient Views on Current Levels of Provision

6.38 Seeking and understanding the view of patients about pharmaceutical services is extremely important. Whilst it is appropriate to use disease prevalence as a method for identifying need and level of service provision as a potential measure of how far that need might be met, it is important to acknowledge that community pharmacy is in large part a demand led service.

6.39 As such patients' attitude toward, and uptake of, community pharmacy services must be considered in determining need for pharmaceutical services.

To this end, in developing the PNA, NHSLC has sought to understand patient behaviour toward community pharmacy to assist the PCT in determining need.

6.40 In order to explore with patients their understanding of community pharmacy services in Leicester the PCT conducted a patient listening event on 1 March 2010.

6.41 What emerged from this event was that usage of community pharmacy in Leicester is high. However many of the attendees were not aware of the range of commissioned services provided from community pharmacy and were not aware of Medicines Use Reviews. Once patients learnt of their existence, the majority of attendees expressed a view that they would approach their local pharmacist to understand the services offered.

6.42 All of the attendees expressed confidence in the knowledge and skills of their local community pharmacist. Interestingly this is at variance with some national research that suggests that patients are uncertain about the skills of their local community pharmacist.

6.43 Pharmacists were seen as very much part of the community and many patients expressed the view that pharmacies should be able to direct patients to a range of other services by other providers. A number of attendees indicated that they had used their local pharmacy to obtain information about illness, healthy living and other services.

6.44 NHSLC also compiled a local questionnaire to survey patients about community pharmacy in Leicester, an example of the questionnaire is at appendix 8 .The survey was presented to patients as they attended a community pharmacy. An overview of the findings indicates the following:

- 49% of those who responded use their pharmacy on a monthly basis.
- The next most frequent use of a pharmacy is on a weekly basis.
- Patients mainly use community pharmacy for prescriptions.
- Patients do use community pharmacy for advice purposes.
- The next most popular use of a pharmacy was as an alternative when the patient could not access a GP Practice.
- 140 respondents indicated that they use the same pharmacy on a regular basis.
- Familiarity (personally and with condition) is the main motivating factor for using the same pharmacy.
- Approximately a third of those surveyed have had an MUR. Of those 80% found it to be useful.
- For those patients who have not accessed the MUR service yet, a high number of people have recognised the potential benefit of having a MUR.
- Whilst patients would like to see more clinical services made available from pharmacies it was apparent from the patient listening event that patients do not necessarily know what they should expect from a pharmacist, nor what services they can access.

Community Pharmacy Questionnaire

6.45 The national community pharmacy patient questionnaire has been in place since 2007. Findings in previous years were that some patients felt waiting times were too long. The introduction of the pharmacy survey indicates community pharmacies willingness to listen to patient feedback and to make improvements in those areas that mean the most to patients. One of the more striking results in the recent questionnaire is the number of pharmacies whose waiting times are rated as good. The PCT has established this from conducting the Annual Quality Contract Reviews where PCT Officers have asked pharmacists about their results and how they propose to take this forward at their pharmacies.

6.46 The importance of these findings to the PNA is that they assist the PCT in understanding who uses community pharmacy, how often and why. This will enable the PCT to present a more rounded assessment of need for pharmacy services.

Patient Themes from the Annual Quality Contract Reviews

6.47 From the completion of the Annual Quality Contract Reviews a number of themes have emerged that are pertinent to the current PNA.

6.48 The business model of community pharmacy means that there is a focus to provide services for groups of patients not provided by others. Whilst the motivation for this may be financial, the outcome has been that almost all of Leicester's community pharmacies have and continue to develop community-focused services. Appendix 9 details the results of the Equality Impact Assessments.

6.49 The existence of an, extensive prescription collection and medicines delivery services in Leicester, which benefits many housebound and frail patients.

6.50 Medicines Use Reviews focused on sections of the community who can sometimes struggle with a medication regime. For example, some pharmacies offer specific Medicines Use Reviews to older patients or patients who have English as a second language.

6.51 Leicester is diverse city and Leicester's pharmacies mirror this diversity. Many of Leicester's pharmacies are at least bi-lingual. The languages, other than English, most commonly spoken are Gujarati, Punjabi, Urdu, Polish, Hindi, Swahili and Kachi.

6.52 Community pharmacy often recruits from local communities, and some Pharmacies do this specifically to meet language needs (for example recruiting Somali speaking staff). The positive impact of recruiting locally is noticeable where a pharmacy uses local staff members to deliver or recruit patients to enhanced services for example, the success of the delivery of smoking cessation services.

6.53 As all of the Annual Quality Contract Reviews have been completed and the themes have been analysed, they have, where relevant, informed the development of the PNA.

Section 7: POTENTIAL GAPS / IDENTIFYING UNMET NEED IN PHARMACEUTICAL SERVICE PROVISION

7.1 In determining whether or not there are gaps in pharmacy provision within Leicester, this section will review the adequacy of current pharmacy provision, in terms of population demographics at city wide, locality and ward level.

7.2 NHS Leicester City has a diverse population and a diverse range of needs. The requirement for pharmaceutical services is therefore variable depending upon individual patient needs.

7.3 In segmenting need in order to establish whether there are gaps in service, it becomes clear that city wide or ward level data may not be entirely sufficient in capturing the range of variables that effect how and why a patient accesses community pharmacy services.

Demographics at a local level

Age

7.4 As stated earlier, Leicester is a young city, at the time of the last census in 2001 45% of the population were under 29. However, there is still approximately 35% of the population aged between 45 and 75. This varies by locality, with greater fluctuation in the over 65 group. Given the high number of community pharmacies in Leicester, the range of opportunities for access and the number of pharmacies that provide collection, delivery and monitored dosage systems, the PCT has NOT identified a gap in service provision for older patients.

7.5 The PCT is aware of a small number of pharmacies who serve a predominantly older age group and it is apparent that for those patients, this service goes beyond the basic provision of medicines and is actively used for advice and support. NHS Leicester City's only Essential Small Local Pharmaceutical Service based in the Stoneygate ward serves a population with a discrete need and, despite reasonable levels of pharmacy provision in the area, older patients value the ease of access of this service.

7.6 At a number of the Annual Quality Contract Reviews, the PCT have heard pharmacies describe systems tailored to older patients. The PCT will ensure that such good practice is shared across all contractors.

Ethnicity

7.7 Approximately 40% of Leicester's population has an ethnic minority background. The PNA has established that the health profile of different populations varies and there is anecdotal information to suggest variance with medicines compliance and how different populations engage culturally with health care.

7.8 Community pharmacy, as stated earlier, often employs staff from the communities that it serves. Similarly the PCT has evidence that where a population changes, the pharmacy contractor ensures that their staff mix

reflects such changes. Such local cultural sensitivity together with open access improves patient experience and compliance with their medication. For this reason, the PCT cannot identify a gap in pharmaceutical service provision with regard to ethnicity

Language

7.9 Language can present a particular barrier for accessing and using health care. It is estimated that Leicester has, 70 languages and/or dialects spoken in the city. Whilst it cannot be presumed that all the community pharmacies in Leicester are fluent in all 70, the PCT is confident that the most commonly spoken languages in the city are spoken.

7.10 As such patients for whom English is not their first (or even second) language are likely to be able to communicate adequately with their local pharmacy. Far from being an unmet need, this may be a distinct advantage of community pharmacy.

Deprivation

7.11 Leicester has high levels of deprivation when considered against national benchmarks. At the most simple level, this could produce a high demand for pharmaceutical services, because residents in these areas often have more than one long term condition. Data presented in this PNA shows that in areas of higher deprivation the number of prescriptions issued and the number of items issued on those prescriptions is higher.

7.12 The PCT has shared this information with community pharmacy contractors and discussed it with them with the result that there is no indication that this increased demand has overly impacted upon the capacity of pharmacies in these areas. Therefore, the PCT find that there is no obvious gap in pharmaceutical services that is presented by deprivation alone.

Variance at ward level

7.13 Data presented in this PNA shows that prevalence and determinants of health varies considerably from ward to ward. In effect, this can mean differing levels and severity of long term conditions, differing levels of understanding of and compliance with medicines and differing levels of patient engagement with self-care.

7.14 The core business of community pharmacy through it's Terms of Service is to meet the needs of patients flexibly. Data presented in this PNA alongside information gathered at Annual Quality Contract Reviews indicates that pharmacy is meeting, or at least, attempting to meet these needs.

7.15 Therefore, based on the data and knowledge gathered to date, the PCT can identify no unmet need or gap in provision at a ward level.

Variances below ward level

7.16 It is apparent that by concentrating at city or ward level, small pockets of very specific need or groups of patients who find it hard to engage with Health Care may be obscured. As discussed previously, some data within this document is presented at Lower Super Output Level (LSOA), which considers areas smaller than wards.

7.17 Similarly, by relying on prevalence data, derived from GP registers, we are potentially obscuring the needs of patients who are either not registered with general practice or whose level of engagement is such that the status of their health is not known.

7.18 Whilst this may not constitute a gap in pharmaceutical service provision, it does suggest the need for the exploration of a discrete pharmacy based service to attempt to address some of the variance in health outcomes that exist across the city. One possible way to do this maybe in the development of Local Pharmaceutical Services (LPS), that allow a service be developed and offered to a discrete population in a prescribed locality or a potential service could be delivered from a select number of pharmacies, ideally in collaboration with their local GP Practices.

Future Developments

7.19 In considering the need for pharmaceutical services for the future the PNA must be clear that the service need presented can be addressed by community pharmacy, this requires evidence. Unfortunately, given the very different patterns of commissioning from community pharmacy nationally, this evidence base, however compelling at an individual level, is not robust. The conclusion from this must be that in seeking to meet patient needs, where the PCT thinks that a need could be met by community pharmacy, it is judicious to pilot and evaluate new service developments.

7.20 With regard to the community pharmacy services, it has become increasingly clear in Leicester, particularly with the advent of the Annual Quality Contract Reviews, that community pharmacy is an active and not a passive participant in health improvement.

7.21 It is often assumed that a pharmacy is wholly dependent on 'who walks through the door', when in fact the pharmacy contractor is regularly engaged in processes to encourage patients to use their services.

7.22 One key area where the PCT has noticed a surprising amount of activity is in the promotion of healthy lifestyles. This is one of the essential services and therefore mandatory, but the range of activities, programmes and services offered under this heading are extensive. Detailed below are some of the services offered by Leicester pharmacies that are not commissioned by the PCT:

- Blood pressure monitoring
- Cholesterol monitoring
- Allergy testing

- Pregnancy testing
- Diabetes testing
- Blood glucose levels
- Flu Vaccination services (to non NHS eligible)
- Weight loss programmes
- Hair retention programmes
- Skin checks

7.23 NHS Leicester City has found that these services have differing levels of response and use from patients across the city. Therefore, in regard to the development of future services from community pharmacy, the PCT needs to find a way to capture the information about usage and health outcome of such non-commissioned services.

7.24 Recently (November 2010), in a report targeting alcohol intervention, patients expressed a clear preference for community pharmacy as the venue from which they would be willing to receive and engage with a programme of support. A pilot programme is currently (December 2010) being developed.

7.25 In developing the future role of community pharmacy the PCT needs to undertake further work to explore and promote the contribution and impact of community pharmacy to:

- Increase access and capacity in primary care,
- Reduce avoidable admissions
- Support safe and effective use of medicines
- Improve access to health & well-being services
- Support prescribing to make it a more clinically cost-effective use of resources

Need Vs. Want

7.26 It is important to acknowledge that in making a determination about need, unmet need and gaps in service that this PNA is focused on identifying need for services and not in identifying the desire for services.

7.27 Until recently the Control of Entry regulations asked PCTs to consider whether a pharmacy application was 'necessary or desirable'. The inclusion of the word desirable created some issues as this term is almost entirely subjective and can be based on perception and convenience.

7.28 In September 2009 the terminology changed to 'necessary and expedient' which assists in objectively determining the need.

7.29 It follows that whilst patients may 'want' a pharmacy in a location, the PCT may decide that a pharmacy is not needed. However, the PCT may still consider a particular service is needed and would work with local pharmacies to develop services that meet patients' needs.

Dispensing activity

7.30 When an application for a new pharmacy is made, the consideration of that application focuses on the essential services - broadly dispensing and health promotion as these services are viewed as fundamental by patients.

7.31 Leicester is well served by community pharmacies and, taking into consideration the wide spread availability of dispensing services together with the collection and delivery services, no current access issues are identified.

7.32 In 2007 Leicester had 75 Pharmacies, since 2007 three pharmacies have closed, five including three 100 hour pharmacies and one internet pharmacy have opened. With regard to the related number of applications, since 2006 there have been three full consent applications and seven preliminary consent applications. Of these, only one has been granted as a result of an application under the "necessary and desirable" test.

7.33 Examining dispensing volumes (the number of prescriptions received by community pharmacy), Leicester has had a 4% increase in pharmacy contractors and a 25% increase in dispensing activity. It is noteworthy that a 25% increase in prescriptions has not required an increase in community pharmacies in Leicester. It is in the interest of a pharmacy to have a degree of flexibility with regard to its capacity; after all, income is generated by prescription volume.

7.34 Each pharmacy has varying levels of dispensing depending upon location, services offered and most importantly the type of patients that are presenting prescriptions. The Pharmaceutical Services Negotiating Committee estimated that in 2009/10 the average number of items dispensed by a Pharmacy in a month was 6500 items.[(2)] In Leicester this average is 5825 items per month per pharmacy which is lower than the national average. Taken alongside the preceding facts, this suggests that there are no gaps in pharmaceutical services that could be filled by more pharmacies.

In Summary

7.35 It is evident that at the most commonly shared levels of need and in terms of access, no gaps are identified. However, there is clearly an opportunity to work with community pharmacy to use them as a resource to support the health and wellbeing of the communities they serve.

7.36 For this reason, the PNA needs to be continually updated to keep abreast of changes in the population and the city, and the consideration of addressing gaps in service with the appearance of newly identified should be regularly examined.

(2)
http://www.psnc.org.uk/data/files/Funding/psnc_brief_guide_to_pharm_economics_dec_2010.pdf

Section 8: CONCLUSION

8.1 The detailed analysis undertaken in the development of the PNA has enabled the following conclusions to be drawn:

Pharmacy Contracts

8.2 NHS Leicester City has more than adequate levels of Pharmaceutical service provision across the city, providing a diverse range of commissioned and non-commissioned services. It is the finding of this PNA that we do not need any more Pharmacies in Leicester

8.3 There are areas where Pharmaceutical Services, as part of the Terms of Service, could be developed to map more clearly onto the health needs of localities. The PCT will continue to work with Pharmacy Contractors and the Local Pharmaceutical Committee to identify good practice and develop models of effective working.

Dispensing

8.4 Whilst dispensing volume has increased, NHS Leicester City pharmacy contractors have been able to meet patient demands. This can be by opting to provide more services, amending opening hours to suit patients or catering for patients with language difficulties.

Advanced Services

8.5 The majority of NHS Leicester City's Community Pharmacies can, and do, deliver Medicines use reviews (MURS). This is the first advanced service introduced within the NHS Community Pharmacy. The service consists of accredited Pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTC).

8.6 The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review will help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to their GP where there is an issue for them to consider.

8.7 Whilst no need for a higher quantity of MURs has been identified, the opportunity for working with Pharmacy Contractors to develop MURs focussed on particular health needs, either across the city or within localities, needs to be taken. The PCT will continue to work with Pharmacy Contractors and the Local Pharmaceutical Committee to explore the use of more focused MURs and to quantify the health outcomes of MURs.

8.8 This is an underutilised service by patients primarily due to a lack of awareness of the existence of the service and an understanding by patients on how to access the service. The PCT needs to ensure that community pharmacists are delivering this service to those patients who have

demonstrated a need for a MUR and that pharmacists target patients appropriately. Work is currently being undertaken to assist pharmacists in this area.

Developing New Pathways

8.9 The PCT needs to continue to consider the role of community pharmacists when new pathways of care are developed to ensure their knowledge and skills are utilised fully.

8.10 As discussed in the PNA no need for Pharmaceutical services has been identified at a citywide or ward level. However, at a local level, individual Community Pharmacies, or other health care providers, may have knowledge of particular local needs or the PCT could identify particular local health needs that could be addressed by a limited Pharmacy based service. The PCT is prepared to explore this with Pharmacy Contractors.

8.11 Alternative models of commissioning should be developed to both develop services for discrete populations to meet specific needs rather than using the "one size fits all" approach

Enhanced Services

8.12 Enhanced service commissioning from Community Pharmacy is led by need, in particular a need that can be addressed by Community Pharmacy. NHS Leicester City commissions a range of enhanced services aimed at meeting needs that exist, to a greater and lesser degree, across the city.

8.13 This PNA has not identified any current health need that would require an enhanced service from Community Pharmacy and in the current economic position is not, realistically, likely to secure funding for such a service.

8.14 However the PCT will continue to work with Community Pharmacy to understand health outcomes of non-commissioned services, with a view to developing models for future enhanced services, should funding become available.

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Director:	Toby Sanders Director of Primary Care

Appendices

Appendix 1 Control of Entry Regulations

Appendix 2 Applications process

Appendix 3 World Class Commissioning competencies

Appendix 4 List of stakeholders consulted

Appendix 5 Consultation summary

Appendix 6 Pharmacy opening hours

Appendix 7 Housing trajectories

Appendix 8 Example of Community pharmacy patient questionnaire

Appendix 9 Equality Impact Assessment

EXPLANATORY MEMORANDUM TO THE NHS (PHARMACEUTICAL SERVICES AND LOCAL PHARMACEUTICAL SERVICES) AMENDMENT REGULATIONS 2010 2010 No. 914

1. This explanatory memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.

2. Purpose of the instrument

2.1 These Regulations make amendments to the framework Regulations which govern the provision of NHS community pharmaceutical services. The amendments give effect to the provisions in the National Health Service Act 2006 which require Primary Care Trusts (PCTs) to:

develop and publish pharmaceutical needs assessments. The amendments also make some

unrelated technical changes to the framework Regulations, including correcting an error which

allowed a PCT, in certain circumstances, to grant dispensing rights to a doctor when that surgery is within 1.6km of an existing pharmacy.

3. Matters of Special Interest to the Joint Committee on Statutory Instruments

3.1 These Regulations are the first use of the powers conferred by section 128A of the NHS Act 2006 as inserted by Section 25 of the Health Act 2009.

4. Legislative Context

4.1 The great majority of community pharmaceutical services in England are provided on the basis of one of two sets of standard arrangements with Primary Care Trusts. Arrangements for the provision of "pharmaceutical services" are governed by the National Health Service (Pharmaceutical Services) Regulations 2005 (S.I. 2005/641, as amended) ("the PS Regulations").

Arrangements for the provision of "local pharmaceutical services" are governed by the National Health Service (Local Pharmaceutical Services etc) Regulations 2006 (S.I. 2006/552, as amended) ("the LPS Regulations").

4.2 The PS Regulations set out the statutory terms of service of the majority of retail pharmacy outlets providing "pharmaceutical services". The companies responsible for these outlets have to be on a pharmaceutical list, kept by the local PCT. Two additional categories of people may provide "pharmaceutical services". First, dispensing doctors, who are general practitioners able to dispense to patients who live in designated rural areas a distance away from pharmacies. Second, appliance contractors, who dispense appliances (for

example, incontinence aids, dressings, bandages etc.) but not medicines. Generally, all these providers of pharmaceutical services are known as "contractors", and are referred to in this memorandum as such, even though they do not have a formal contract with their PCT.

4.3 The LPS Regulations contain an alternative, less prescriptive set of arrangements for the provision of community pharmaceutical services. This is a contractual framework, and most of the terms of the contracts are for local negotiation. However, there are also some common standard terms and conditions set out in the LPS Regulations. The LPS Regulations also contain a scheme for designating areas where the PCT is to make arrangements for the provision of services on the basis of the LPS Regulations rather than the PS Regulations.

5. Territorial Extent and Application

5.1 This instrument applies to England.

6. European Convention on Human Rights

As the Instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

7. Policy background

What is being done and why

7.1 The amendments made in these Regulations can be grouped as follows:

7.1.1 amendments which flow from the Government White Paper *Pharmacy in England – Building on Strengths, Delivering the Future* published in April 2008 and consultation on regulatory changes in 2009/10 based on the powers inserted in the National Health Service Act 2006 by Section 25 of the Health Act 2009; and

7.1.2 further amendments to improve the working of the PS and LPS Regulations that have been identified since but which were not part of that consultation.

7.2 These Regulations achieve the following changes which were the subject of full consultation.

7.2.1 The Regulations will require PCTs to develop and publish a pharmaceutical needs assessment (PNA) by 1 February 2011. A PNA is the statement of the assessment each PCT must make of the needs in its area for community pharmaceutical services provided as part of the NHS.

The PNA must describe the population profiles and local characteristics as well as providing an assessment of unmet needs. The services to be covered by the PNA and the information which must be included are set out. When developing its PNA the PCT must have regard to prescribed matters including the local Joint Strategic Needs Assessment, the demography of the locality, the needs of different patient groups and different localities and the benefits from having reasonable choice. It is very important that PCTs involve and consult local people on changes to health services, and the Regulations

therefore specify the minimum local consultation requirements PCTs are required to meet.

7.2.2 This is the first stage of a threefold plan to implement the pharmacy provisions which were included in the Health Act 2009. The second stage will involve changing the way contractors are included on pharmaceutical lists. The "Control of Entry" test will be replaced with a new market entry test which will enable PCTs to determine entry by reference to PNAs. PNAs will therefore become the essential tool for local planning of pharmaceutical services. The benefits that this type of planning should bring are covered in the Impact Assessment referred to in paragraph 10.1.

7.2.3 The final element of the plan is to reform the arrangements for market exit. PCTs are to be given new powers to take action where there are concerns about the quality of services provided by, or performance of, pharmacy contractors. It is anticipated that stages two and three will be included in Regulations that will come into force in 2011.

Further minor amendments to the PS and LPS Regulations have been made which were not subject to full consultation. These are essentially improvements to correct problems that have been identified. The changes are:

7.2.4 Changes consequential upon the abolition of the Family Health Services Appeal Authority.

7.2.5 Correcting an error in the PS Regulations which allowed a PCT, in certain circumstances, to grant dispensing rights to a doctor when that surgery is within 1.6km of an existing pharmacy.

7.2.6 Requiring the dates of birth and professional registration numbers of directors and superintendents of bodies to be included when their details are required as part of making applications to enter or vary any entry on a pharmaceutical list.

7.2.7 Removing references to two forms which are no longer in use for claiming repayment of NHS charges.

7.2.8 Clarifying in the LPS Regulations that the scheme for designations under designation of priority neighbourhoods and premises does not require a designation to be in place in respect of all pharmacy premises from which local pharmaceutical services are, or are to be, provided.

7.2.9 Correcting a numbering error.

Consolidation

7.3 There are no immediate plans to consolidate any of the Regulations amended by these Regulations. The Department proposes, as outlined in paragraphs 7.2.2 and 7.2.3 above but subject to further consultation, to replace the PS Regulations with a new set of Regulations as part of further work to reform the current market entry requirements contained in the National Health Service Act 2006. This replacement is anticipated to take place in 2011.

8. Consultation outcome

8.1 The proposals in paragraph 7.2.1 were devised with the support of the Advisory Group on the NHS (Pharmaceutical Services) Regulations. Members comprise representatives of patient groups, the NHS and pharmaceutical contractors. Papers for the Group's work are available on the Department's website at www.dh.gov.uk. The proposals were subject to full consultation from 1 December 2009 to 28 February 2010. There were 68 written responses. Respondents supported the regulatory requirements and the Department concluded that, with one minor correction, no further specific measures were needed. The correction was to substitute the use of the word "immediate" in respect of pharmaceutical needs with "current" where appropriate. The minimum information requirements were generally considered to be adequate, with some suggestions being made for inclusion of additional information. A number of PCTs who responded called for a longer consultation period on draft PNAs. Although there is a minimum requirement for a 60 day consultation period, PCTs can determine locally whether they wished to extend this to, say, 90 days. There was some concern expressed about PCT capacity to undertake robust PNAs. The Department will discuss further with the NHS how it can best support PCTs in this work during 2010. Comprehensive guidance (see Section 9) to accompany these Regulations will be published and a series of implementation workshops held later this spring to support PCT work.

8.2 The proposals in paragraphs 7.2.4 – 7.2.9 were not subject to a general public consultation. However, the Department has sought views from the NHS, the PSNC and representatives of dispensing doctors and dispensing appliance contractors and they have agreed the amendments.

9. Guidance

9.1 The Department in partnership with the NHS also developed draft Guidance which accompanied the consultation. Revised guidance for the NHS and contractors drawing on comments received following consultation is scheduled for publication, if possible, shortly after the Regulations are made.

10. Impact

10.1 The final Impact Assessment estimates a net benefit of compiling and revising PNAs over 10 years of £100million. The Impact Assessment can be found on the Department's website at www.dh.gov.uk.

10.2 There is no negative impact on equality issues.

11. Regulating small business

11.1 The Regulations amended by these Regulations apply to small businesses, including firms employing up to 20 people. As the PS and LPS Regulations concern the provision of NHS pharmaceutical services, it is not possible to differentiate between contractors according to their operational turnover or size. This is to ensure the application of agreed universal standards and practices in the provision of such services.

12. Monitoring and review

12.1 The Department monitors the implementation of the Regulations and has regular discussions with interested parties including the NHS and contractors' representatives on any problems identified in their operation. The Department expects to review the changes included in these Regulations within 2 years of their coming into operation.

13. Contact

Peter Dunlevy at the Department of Health Tel: 0207 972 2881 or e-mail: peter.dunlevy@dh.gsi.gov.uk

Stage: Implementation Version: 1.7 Date: March 2010

Related Publications: White Paper *Pharmacy in England: Building on strengths - delivering the future*. Health Bill 2009 Consultation document: *Proposals for legislative change* (Autumn 2008)
Available to view or download at: http://www.dh.gov.uk
Contact for enquiries: Gillian Farnfield Telephone: 0207 972 2700

What is the problem under consideration? Why is government intervention necessary?

The Pharmacy White Paper published April 2008 identified (paragraphs 8.20 and 8.21) that there was considerable variation in the scope, depth and breadth of PCT pharmaceutical needs assessments (PNAs). The structure of and data requirements for PNAs required review and strengthening to ensure they are an effective and robust commissioning tool to meet the pharmaceutical needs of their local populations. Following consultation in autumn 2008, government intervention is necessary as the provision of NHS pharmaceutical services is governed by the NHS Act 2006. The Government's legislative proposals were contained in the Health Bill 2009, now the Health Act 2009. This IA develops the IA on PNAs and NHS market entry published as part of the papers for that Bill.

What are the policy objectives and the intended effects?

The policy objective has two stages. First, PCTs will be required to devise and to publish PNAs assessing pharmaceutical needs of their local communities. This will provide an objective measure against which PCTs commission pharmaceutical services. This IA only concerns this first stage. Second, PNAs will then be used to determine NHS market entry, replacing the current "control of entry" system. The intended outcomes are greater PCT control over pharmaceutical services locally, a

fairer and more equitable system for market entry, improved access to and choice of pharmaceutical services for patients, improved confidence for businesses to invest, a more efficient use of PCT and NHS resources and a regime which encourages closer partnership working.

What policy options have been considered? Please justify any preferred option.
Option 1: No change in existing policies.

Option 2: Devise Regulations to bring the provisions in the Health Bill 2009 requiring PCTs to devise and to publish PNAs into force.

Preferred Option: Option 2, as it delivers the policy objectives and supports world-class commissioning of pharmaceutical services which reflect local needs.

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects?

Within 24 months of implementation.

Ministerial Sign-off for final proposal/implementation stage Impact Assessments
I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister:

Mike O'Brien.....Date: ***16th March 2010***

Control of Entry

NHS Leicester City examines all pharmacy application through the Control of Entry Regulations 2005. All applications for the provision of pharmaceutical services

"Shall be granted only if the Primary Care Trust is satisfied, in accordance with the regulations, that it is necessary or expedient to grant it on order to secure in the neighbourhood in which the premises are located the adequate provision by persons included in the list of services, specified in the application."

Applicants can submit applications under the following criteria in order to gain a pharmacy contract, which are:

- Preliminary consent
- Full consent
- Change of ownership
- Minor relocation (under 500m)
- Minor relocation (over 500m)

Control of Entry Test – Exempt applications

The four types of applications whereby the Control of Entry Test is not applicable are:

1. Pharmacies based in large shopping centre developments, but only in out of town sites. Out of town shopping centre must be over 15,000 square meters.
2. 100 Pharmacy – pharmacy must provide all enhanced services throughout the full 100 hour period.
3. Consortia wishing to establish new One Stop Primary Care Centre.
4. Wholly mail – order or internet based pharmacy services.

All exempted pharmacies must provide the full range of essential services under the contract. In addition, the first of three categories must provide the full and prescribed range of services.

Pharmaceutical Applications

In order for the Pharmacy Contract Team to process pharmacy applications the following procedures need to be undertaken:

- All applicants are required to submit the application and supporting evidence to this office
- If the applicant does not currently hold a contract with NHS Leicester City we require Fitness to Practice declarations from the "Home PCT" or submit FTP to NHS Leicester City if they do not currently hold a Pharmacy contract.
- The PCT accept pharmacy applications from the 18th of each month.
- A fee is applicable to process the pharmacy application therefore we request that a cheque is submitted with the application.

- NHS Leicester City is unable to process any pharmacy applications until the cheque submitted has been fully cleared by the bank.
- The PCT aims to process pharmacy applications with a four month time scale in mind. However, this could vary upon factors such as panel discussions taking place.

Fees

As of 21 April 2008 the National Health Services Pharmaceutical Services (Fees for Applications) Directions 2008 specify the types of application for which a fee will be payable and the level of such fees. The table below illustrates the table of fees which must be made payable via cheque to Leicester City PCT.

Table of fees

Type of application (including where the applicant applies for preliminary consent)	**Fee Level (£)**
Full application (inc preliminary consent) by a contractor who wishes to be included on the pharmaceutical list for the provision of services in a Primary Care Trust's area (either under the reformed control of entry test or one of the four new exemptions); or applications from those already on the list in respect of additional premises or additional services from the same premises; or a major relocation of premises out of the neighbourhood; or the provision of appliances only).	**£750**
Minor relocation of premises under 500 metres (within or across a PCT boundary).	**£150**
Minor relocation of premises over 500 metres (within or across a PCT boundary).	**£250**
Change of ownership (where the applicant is already on the PCT's pharmaceutical list).	**£150**
Change of ownership (where the applicant is not already on the PCT's pharmaceutical list).	**£250**
Conversion of application from preliminary consent to full consent (where there is no change in details).	**£150**
Conversion of application from preliminary consent to full consent (where there is a change in details).	**£250**
Duplicate application within 180 days of an original application failing.	**£1,500**
Subsequent application within 180 days of a duplicate application failing.	**£3,000**

Any interested parties who are looking to submit an application for a pharmacy should submit the application to the Pharmacy Contract team at the PCT

In order to submit a Pharmacy application, an Annex D form must be submitted and can be downloaded from the following website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107573

Services

NHS Leicester City would like all contracts granted after 1 April 2005 to be in the position to provide all enhanced services currently being commissioned by the PCT and any future enhanced services must be provided the contractor. This of course is subject to funding from the PCT and that the pharmacist provides the accreditation criteria as set out by the PCT.

The following services must be provided by all Community Pharmacies during core, supplementary and extended hours:

- EHC
- H-Pylori
- Supervised Methadone
- Needle Exchange
- Flu
- ETP
- STOP Smoking
- Pharmacy first (minor ailments)
- Chlamydia Screening
- CVD

The enhanced services list is subject to changes which the PCT will keep updated.

World Class Commissioning Competencies and Pharmacy Contracting and Commissioning

Overview:

Competency 1 – Local leadership
NHSLC has a good reputation with other PCTS as a proactive and forward thinking PCT with an experienced Pharmacy Contracting team, but successes and innovation are not widely communicated. Similarly, feedback about our reputation with contractors has never been formally sought and where this has been sought with patients, the response has been inconclusive. Patients have limited awareness of the different pharmacy services offered by NHSLC's pharmacies and no knowledge of how this compares with other PCTs.

The PCT is currently working with patient groups to develop their understanding of pharmaceutical service provision lately.

Competency 2 – Collaborative working with community partners
NHSLC's PNA will develop and expand new partners and improve working relationship with others. NHSLC has a productive working relationship with our immediate partners (LPC, NHSLCR, Primary Medical Care team, Medicines management) but still has work to do with stakeholders outside the NHS.

Competency 3 – Continuous and meaningful engagement with the public and patients
Historically there has been little attempt to seek and implement patient views in pharmacy commissioning. However, the requirement to do so as part of the PNA has become a central component of the PNA in NHSLC. The PCT have already undertaken a patient survey and listening event. A communications and engagement plan has been drawn up and over the summer and autumn of 2010; NHSLC Pharmacy Contracting team along with the Communications and Engagement teams will be contacting, meeting and gathering the views of a wide range of patient groups. In addition, the patient survey will be repeated and may become part of an annual programme.

Competency 4 – Lead continuous and meaningful engagement of all clinicians
Whilst working relationships remain good, there is a good deal of scope for improvement. Pharmacist's report that they feel excluded from commissioning decisions and strategy within the PCT. The PCT has, with the LPC, sought to increase involvement in wider PCT strategy groups.

There is also little sharing of good clinical practice and comparative information, but this will change with the advent of the Balanced Score Card for community pharmacy.

Competency 5 – Manage knowledge and undertake robust and regular needs assessment
All enhanced services have evaluation as a part of their specification and data deriving from them is regularly analysed. These services are commissioned based on identifiable levels of public health need, the understanding of the impact of pharmacy on current and future health needs is an integral part of the PNA.

Competency 6 – Prioritise investment according to local needs
There is no use of predictive modelling in the development of pharmaceutical service and the understanding of the financial impact / benefits of pharmacy services are neither well understood nor measured. The prioritising of investment into pharmacy services based on need is at an early stage, but will move forward rapidly with the development of the PNA.

Competency 7 – Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes
The PCT has a good knowledge of the current level of provision in community pharmacy but is only now beginning to work with contractors about future levels of provision and capacity. Pharmacy services are often demand led, which means that understanding how to stimulate the market the PCT needs to understand patient demand and expectation alongside individual pharmacy aspiration. Both of these are being explored as part of the PNA process and the Annual Quality Review cycle.

Competency 8 – Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
There has been no work on clinical pathways with community pharmacy contractors. However, data is collected about all contractors and enhanced services and is being fed back to them at the quality reviews.

Competency 9 – Secure procurement skills that ensure robust and viable contracts
All pharmacy services commissioned directly by the PCT are needs led and have extensive accreditation procedures, define outcomes and definitions of breach. The majority of enhanced services commissioned from community pharmacy are aimed at producing savings, though these savings are often outwith the pharmacy budget and additional work is required to understand the financial benefits (or otherwise) of these services.

Competency 10 – Effectively manages systems and work in partnership with providers to ensure contract compliance
Contractual compliance is monitored and reviewed.

Competency 1 – Local leadership	**PCT RESPONSE**
Reputation	
Key stakeholders strongly agree that you are proactively commissioning pharmaceutical services rather than responding to providers' intentions to provide specific services.	This has never been formally assessed.
You actively participate in and lead the local pharmaceutical agenda, effectively participating in multi-agency and NHS-wide agendas.	NHSLC is a member of the PCC Pharmacy network and is the only PCT that has presented there and currently has a case study of good practice being written up by PCC officers.
Local people strongly agree that the local NHS is improving pharmaceutical services.	Patient feedback is positive, but inconclusive.
Change leader for local organisations	
Key pharmaceutical stakeholders strongly agree that the PCT significantly influences their decisions and actions.	Contractors have never been formally asked.
Pharmaceutical providers consistently used the PNA to inform their business and service development plans.	Not at present but the PCT is aiming that the new PNA be used for such a purpose.
Position as an employer of choice	
You can attract and recruit high calibre staff to work on the commissioning and performance management of pharmaceutical services.	NHSLC Pharmacy team has been in position for over two years and has a wide range of relevant knowledge and experience.
You create effective training programmes to support the development of staff responsible for commissioning pharmaceutical services.	No specific training programme.
PCT staff demonstrates high levels of competence and are motivated and satisfied with the roles they fulfil.	Not formally assessed.
Competency 2 – Collaborative working with Community partners	**PCT RESPONSE**
Creation of a PNA	
The PCT, LPC, LMC and practice-based commissioners all understand how the commissioning strategic plan will address the PNA's priorities.	PNA under development, but the PNAs relationship to strategic commissioning is embedded.
The PNA widely informs the content of the JSNA.	
The commissioning strategic plan provides a comprehensive response to the PNA.	
Ability to conduct constructive partnerships	
Key stakeholders strongly agree that you proactively engage their organisation to inform and drive both strategic planning and the design of pharmaceutical services.	Likely to be variable, but the current PNA communications and engagement plan will address this.
You have worked constructively and effectively with partners and the public to produce a PNA, which identifies the	In progress.

pharmaceutical needs of the population.	

You have worked constructively and effectively with partners and the public to produce a PNA, which identifies the pharmaceutical needs of the population.	In progress.
Competency 3 – Continuous and meaningful engagement with the public and patients	**PCT RESPONSE**
Influence on local health opinions and aspirations	
You can demonstrate effective strategies for communicating with the local population in relation to the uptake, safety and efficient use of pharmaceutical services.	Communication strategy as part of PNA. Pharmacy Contract team held public event and delivered public talks about accessing and using pharmacy services.
You can demonstrate specific health outcomes that have been delivered through changing public opinion and utilisation of pharmaceutical services.	Difficult to quantify – but there is evidence that EHC has reduced teenage conception rates, that STOP has increased smoking cessation and that CVD screening has identified a number of patients with hitherto unidentified risk of developing CVD. However, due to difficulty in tracking patients from pharmacy (without a captive list or register) actually quantify health outcomes is complex. Steps are being taken to address this: the MUR asthma project hopes to link MUR interventions to reduced hospital admissions, raising awareness of MURs is hoped to have an impact, flu vaccinations have potentially reduced admission for younger asthmatics. Part of the process that NHSLC is actively engaged in is identifying patients for who are receptive to intervention or support at a pharmacy level that will have an impact on health outcome.
Public and patient engagement	
You demonstrate the effectiveness of your involvement through improvements in people's health and their experience of pharmaceutical services.	We are developing, through public engagement, our understanding of patients experience of community pharmacy (what's makes a good experience and what doesn't) and seeking to share that (as part of Annual Contract Quality Reviews) with contractors to enable them to develop services that improve experience and health improvement.
You can demonstrate how proactive engagement and partnership arrangements	Links are part of the PNA.

with the local community, including Links, are embedded in all commissioning processes and drive decision-making in relation to pharmaceutical services.	
The local population strongly agree that the local NHS listens to the views of local people and acts in their interest.	Currently being reviewed.
Improvement of patient experience	
You have embedded the collection of patient experience data in all contracts with pharmaceutical providers.	The PCT has yet to do this. It is part of some services and the PCT has recently undertaken a patient survey with plans to repeat the exercise.
You demonstrate how ongoing integrated patient experience data systematically drives pharmaceutical commissioning decisions.	Data collection is at early stage.
Providers of pharmaceutical services use real time patient feedback to monitor and improve the services offered.	Not monitored.
Competency 4 – Lead continuous and meaningful engagement of all clinicians	**PCT RESPONSE**
Clinical engagement	
All engagement groups actively drive pharmaceutical planning and service development, and help to set the strategic direction for the pharmaceutical agenda.	PCDG and PNA steering group have membership from community pharmacy.
Clinical engagement supports the ongoing improvement of patient outcomes in pharmaceutical services.	Clinical evidence and input form clinicians are part of the PCTs development of new services.
Practice based commissioners recognise the clinical contribution of pharmaceutical services to patient pathways and seek to engage providers in the redesign of services.	Little or no link to PBC except on specific projects.
Dissemination of information to support clinical decision making	
Pharmaceutical quality reports include recent clinical evidence, benchmarks and changes in clinical practice.	No
You can calculate the return on investment in pharmaceutical services.	To a degree, but following up outcomes for pharmacy services is still being developed.
Reputation as leader of clinical engagement	
Key stakeholders strongly agree that you proactively engage clinicians to inform and drive both strategic planning and the service design of pharmaceutical services.	Recent feedback from the LPC and pharmacy contractors has been contrary to this
Competency 5 – Manage knowledge and undertake robust and regular needs assessment	
Analytical skills and insights	

You analyse the effectiveness of previous interventions to improve pharmaceutical services.	Yes – all services are evaluated and the learning is used to amend or improve the service.
You monitor progress towards reducing pharmaceutical gaps, identify the key causes of variance from expectations and develop effective solutions.	In progress as a product of the PNA.
You use population risk stratification to identify communities at risk and intervene promptly with appropriate pharmaceutical services.	Enhanced services are commissioned based on need, and targeted to specific groups, but stratification is not used.
Understanding of health needs trends	
You have identified unmet pharmaceutical needs and gaps in care for disadvantaged subgroups and are working to improve services for these populations.	This work is part of the PNA.
Improving Pharmaceutical services	
You use predictive modelling and analytical tools to discuss and describe trends in pharmaceutical needs, as well as to create future projects and identify variants from expectations.	No
Use of health needs benchmarks	
You regularly benchmark your own pharmaceutical services with those of neighbouring PCTs.	No
You have widely implemented plans to improve pharmaceutical services.	This is beginning with the use of the Balanced Scorecard and Annual Quality Reviews.
You consult effectively with providers and the public to calibrate pharmaceutical benchmarks.	The PCT collaborated with the SHA to produce metrics; however, this work has been suspended to focus on the PNA. NHSLC has continued, in spite of this, to develop a Balanced Scorecard, part of the outcome of which will be to produce benchmarks with providers. NHSLC has spoken to a number of stakeholders to explore what they consider to be the benchmarks of pharmacy and this has become part of the Annual Quality Reviews.
Competency 6 – Prioritise investment according to local needs	
Predictive modelling skills and insights	
You use predictive modelling to help you target required pharmaceutical interventions accurately.	No
PCT pharmaceutical forecasting is based on a full understanding of relevant root causes and is linked with other public forecasts.	No

Your staff can lead knowledgeable discussion on the subject of predictive models, including evidence to support pharmaceutical modelling techniques, the assumptions used, and links to clinical expertise.	No
Prioritisation of investment to improve population's health	
You understand the return on investment of previous pharmaceutical interventions, compare this with best practice and use it to inform future investment.	To a degree, but many services are demand led and understanding the variables to affect this from pharmacy to pharmacy is complex. However the PCT is beginning to explore this with stakeholders and contractors.
The PCT Board works with clinicians, local pharmacists, key stakeholders and the public to develop, implement and evaluate the pharmaceutical strategy.	This will be an outcome of the PNA process.
You can effectively prioritise the commissioning of non-traditional pharmaceutical services, such as screening services, from pharmaceutical providers who are best placed to deliver them.	The commissioning model for community pharmacy has hitherto been a 'one size fits all' approach. The PCT is developing ways of establishing which services are best delivered by which pharmacies, based on demography, public health data and pharmacy type.
Incorporation of priorities into strategic investment plan	
Pharmaceutical projects and initiatives are prioritised with effective targeting of resources toward projects that offered the highest value for money, quality and clinical effectiveness.	Because of the absence of a captive list, tracking outcomes is problematic. However the PCT is trying to develop ways of establishing proxies for lists.
Pharmaceutical planning and budgeting cycles are aligned to facilitate coordination and joint financing arrangements.	No
Mature programme budgets, including pharmaceutical providers, are in place for all key priority care pathways/disease groups with integrated investment plans of up to 10 years.	No
Improving Pharmaceutical services	
Competency 7 – Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	
Knowledge of current and future provider capacity and capability	
You have analysed all current providers of pharmaceutical services, including community pharmacy, dispensing doctor and acute contractors, and identified the pharmaceutical services they provide.	Yes
You have assessed the relative accessibility and quality of these providers to ensure that	In progress.

the services in place meet identified needs.	
You use patient reported outcomes measures to gain a deeper understanding of commissioned pharmaceutical services.	In progress – meeting and talking to stakeholders and patients to understand outcomes.
Alignment of provider capacity with health needs projections	
You combine demand projections with demand management assumptions from the strategic plan (e.g. pathway redesign) to identify the required pharmaceutical capacity both by locality and care/patient pathway.	No, but the PCT is building our understanding of capacity as a part of the PNA and quality reviews process.
You implement specific changes to provider capacity driven by needs modelling, taking into account long-term structural changes and forecasts based on actual risk analysis.	No
Creation of effective choices for patients	
You use patient experience data and patient input into prioritisation to develop the specification of pharmaceutical services and the choices available.	Pending.
You have clear investment and disinvestment processes in place for pharmaceutical services, which have improved patient choice in several localities.	No
You explicitly test the acceptability of the pharmaceutical choices available with patients on a regular basis.	The PCT has just begun to undertake this.
You invest for longer-term health gain and can quantify the impact of investing in pharmaceutical services.	No
Competency 8 – Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration	
Identification of improvement opportunities	
Together with pharmaceutical providers and other clinicians, you regularly review and agree clinical pathways and engage on opportunities for improvement and innovation.	No
For each pathway initiative that includes a pharmaceutical provider, you have outlined:	
clinical guidelines sourced from international best practice	
Plans to ensure a smooth patient journey along the pathway and between different levels of care.	
Implementation of improvement initiatives	
You have effective mobilisation plans for the implementation of pharmaceutical commissioning intentions.	No

You actively tracked the milestones of clinical pathway change programmes.	No
You take action in response to your findings, for example alerting GPs to prescribing choices and failures to collect.	
Collection of quality and outcome information	
You have developed strategies for monitoring the impact of specific pharmaceutical initiatives on clinical quality/outcomes and patient experience.	All our enhanced services are evaluated based on their service objectives.
Your reporting arrangements process and transmit pharmaceutical data directly to key decision makers.	No
You actively seek out clinical evidence relating to pharmaceutical services for comparison with international best practice.	Limited – for example, the influenza vaccine service was base don practice and findings from the UK and United states
You involve patients, including those with long term conditions and in defined at risk groups or hard-to-reach populations, in creating pharmaceutical choices.	Patient involvement has been minimal to date. However, this is increasing with the advent of link groups and our need to consult for the PNA.
Competency 9 – Secure procurement skills that ensure robust and viable contracts	
Understanding of providers' economics	
You can use your database of pharmaceutical providers to sort and extract a variety of metrics and benchmarks by both pharmaceutical provider and disease group – e.g. capacity, clinical quality metrics, patient opinion.	In development based on the Balanced Scorecard
You use target costing to forecast service costs before providers supply an estimate.	No
You are able to demonstrate to the PCT board and to the public that you have secured the best-placed providers for all pharmaceutical services (*Principles and Rules for Co-operation and Competition*, principle 1).	All pharmacy service providers need to have satisfied accreditation processes before they can provide NHS commissioned services.
Negotiation of contracts around defined variables	
Negotiation has successfully delivered changes to variables and significant improvements in pharmaceutical service quality and value for money.	No evidence.
Negotiation of contracts delivers a positive position for both the PCT and pharmaceutical providers, reinforcing strong strategic relationships.	Variable.
Creation of robust contracts based on outcomes	
Contracts include clearly specified,	Yes – enhanced service templates follow

measurable, practical outcomes, quality metrics, and a transparent arbitration process.	a common template that includes these times.
Specific, measurable performance improvement targets are jointly agreed.	All services commissioned from pharmacy contractors are the result of negotiation
Contract incentives drive desired pharmaceutical provider performance, leading to health improvements.	All our negotiated contracts contain an element of reimbursement for time spent achieving the outcome of the service.
Competency 10 – Effectively manage systems and work in partnership with providers to ensure contract compliance	
Use of performance information	
You obtain real time feedback from users on pharmaceutical services.	This is developing, initiated by the PNA.
You maintain a 'live' dashboard of information on key pharmaceutical performance indicators, and ensure that this is readily available to support performance management.	The Balanced Scorecard.
Data is proactively discussed with pharmaceutical providers to drive fact-based continuous improvement in quality and outcomes.	The Balanced Scorecard.
Pharmaceutical performance information is available for and accessible to the public.	It is available but uncertain how accessible it is.
Implementation of regular provider performance discussions	
You regularly discuss continuous performance improvement with pharmaceutical providers, leading to demonstrable change.	Just beginning as a result of the PCT's Annual Quality Review cycle.
Sharing of international best practice contributes to continuous performance improvement.	No – but best practice captured at Annual Quality Reviews will be shared.
You clearly define responsibility for the performance management interface for each pharmaceutical provider.	
Resolution of ongoing contractual issues	
Pharmaceutical providers always deliver the required improvements.	
You can demonstrate a record of accomplishment of innovative and effective resolution of conflicts with pharmaceutical providers.	
You do not tolerate poor performance from pharmaceutical providers, particularly in patient care, and act swiftly to effect change.	

APPENDIX 4: LIST OF STAKEHOLDERS CONSULTED

Number of individual sites	Organisation
1	Action Deafness
1	ADHAR
1	Afro - Car Centre
1	Age Concern
1	Ajani Womens Centre
1	Akwaaba Ayeh (The Mental Health Shop)
1	Asha Pharmacy and Astill Lodge
1	ASSIST
1	Aylestone library
1	Beaumont Leys library
1	Boots - Head Office
1	Braunstone Library
1	Children's information centre
1	Chinese Community Centre
1	Choices
1	CLASP
1	Co - Op Pharmacy - Head office
1	Community Centres
	Community centres (Leads at City Council)
78	Community Pharmacies
1	Connexions
1	Coping with cancer
1	County PCT
1	DAAT
1	De Montfort University
58	Dental Practices
1	EMAS
1	Evington Library
1	Fosse Library
1	Gateway College
65	GP Practices
1	Hamilton Library
1	Highfields library
1	The Dawn Centres
1	Knighton library
1	LAMP
1	LASS (Leicestershire AIDS Support Services)
1	LCCHS
1	LDC
1	Leicester Centre for Integrated Living (LCIL)
1	Leicester Charity Link Palliative & Cancer Care Team
1	Leicester City Council
1	Leicester College

1	Leicester Council of Faiths
1	Leicester LINK
1	Leicester, Gay, Lesbian and bi-sexual centre
1	LEMP
1	LIMA
1	Lloyds Pharmacy - Head Office
1	LMC
1	LOC
1	LOROS
1	LOROS
1	LPC
1	LPT
1	New Parks library
1	QE College
1	Refuge action
1	Regent College
1	Rowlands Pharmacy - Head Office
1	Rushey Mead
1	Shama Womens Centre
1	Southfields
1	St Barnabas
1	St Matthews
1	Tesco
1	UHL - sent to Trust head quarters
1	University of Leicester
1	VISTA
1	Voluntary Action Leicester
1	Westcotes library
1	WISCP

Patient questionnaire – June 2010

Method

An engagement exercise was completed prior to the development of the PNA which was successful as there was around 39% return rate. This was done through the PCT's PPI membership and was followed by a patient listening event in March which provided us with an idea on how to develop the questionnaire for the patients.

Questionnaire

A revised questionnaire was published for members of the public to completed to find out what people knew and didn't know about community pharmacy. The engagement exercise took place for June 2010 – August 2010 with the questionnaire also being promoted at the following places:

- Published on Twitter
- Published on Facebook
- All community pharmacies had a poster advertising the questionnaire
- Questionnaire was available on the PCT website for members of the public to complete
- PCT Officers also visited a number of organisations to gain some more interest for the subject area

As well as conducting a questionnaire the PCT organised meeting with the following people to raise awareness of the PNA and to notify organisations that the questionnaire exercise was currently taking place and were invited to complete the questionnaire:

- ADHAR
- WISCP
- LOROS
- VAL
- CLASP
- Young Mum's group
- Travellers group

Other organisations were approached but did not wish to participate but were sent a copy of the PNA anyway for comment.

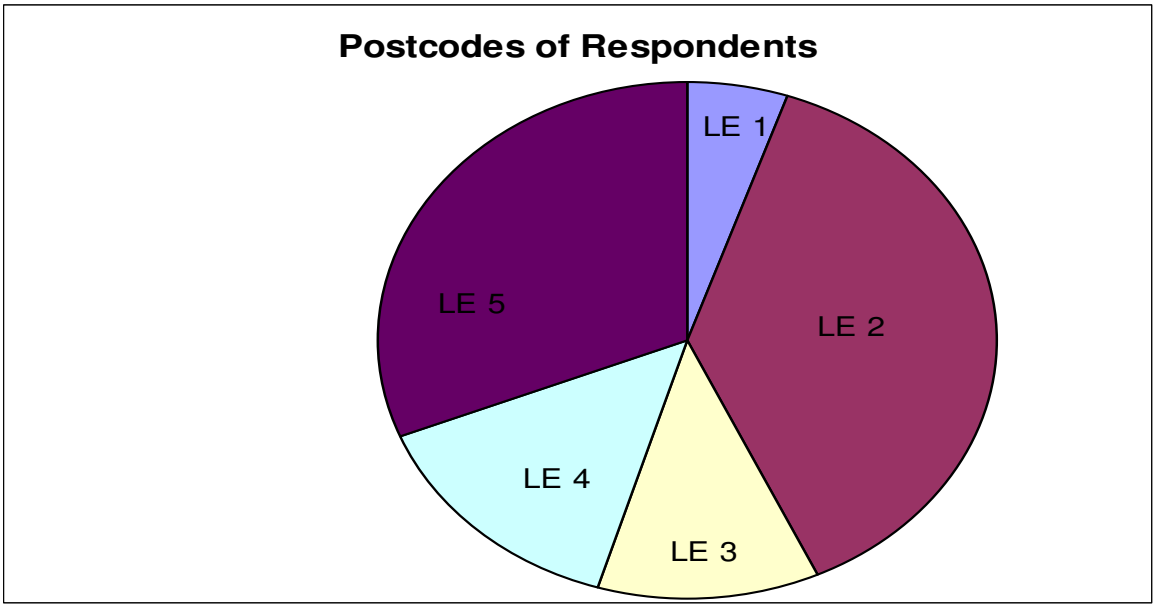
PCT Officers either highlighted that the PNA was being developed by the PCT or assisted service users in completing the questionnaire. This was a useful task as it meant that the PCT Officers gained an insight on what patients knew and didn't know about community pharmacy in Leicester. Also, the LINK suggested that an easy read version was developed for some members of the community which was produced by the Engagement Team.

General engagement feedback:

- Different patient groups have very different needs.
- Everyone that has a “need” has identified a pharmacy which caters for that individual patient needs which explains the high loyalty factor which has come up several times.
- Examples of where patients use the same pharmacy due to their own need is an elderly patient population prefers that the pharmacist delivers the medication directly to them as they have used the same pharmacy for a number of years and would not like to use other pharmacies.
- Another need which has been identified from the engagement and contract reviews is language. There are some pharmacies that offer languages that are not available in other pharmacies which is why people choose to use that particular pharmacy.
- Culture is an important element as some members of the public would like to use a pharmacy where there is a female pharmacist which was highlighted in areas such as Belgrave.
- In areas such as Belgrave patients identified that pharmacies close very early which is a problem for patients in terms of an emergency.
- In areas like Spinney Hill some organisations felt that community pharmacists only target some group of patients even though other patients who have different needs but feel that they are being missed off the system. This was identified as a gap by the service users.

Findings of the Patient Survey

Themes from the patient questionnaire identified this time round were similar to the March 10 questionnaire:



Most of the patients that took part in the survey were from the LE2 region which consists of wards such as:

- Knighton
- Spinney Hill
- Stoneygate
- Aylestone
- Glen Parva
- Castle
- Eyres Monsell
- Westcotes

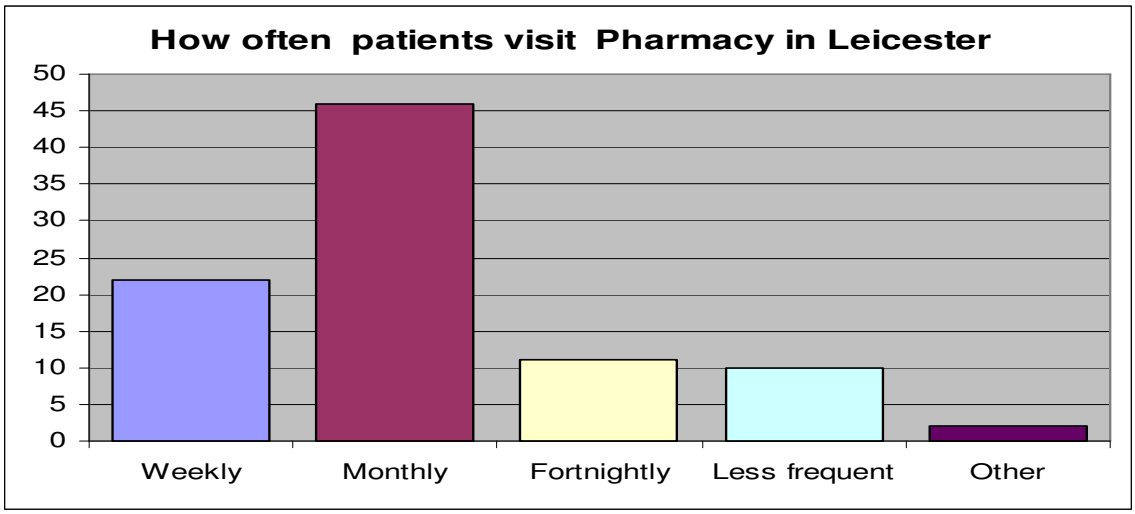
Least popular group of patients that responded were from the LE1 area and wards that make up this area is:

- Spinney Hill
- Castle

Most of the patients that submitted a questionnaire have a long term condition i.e. 60% which is very high.

From conducting the patient engagement survey in March 2010 and in June 2010 the most popular use of a community pharmacy in Leicester is still to collect medication. The least popular use of a community pharmacy was to collect medicine on behalf of someone else and this was around 27% of the patients that were surveyed.

The frequency of the patients collecting their prescription is on a monthly basis and this being 46% of the patients who took part on the survey.



The number of patients that visit the pharmacy is on a monthly basis and this is down to a number of factors such as the number of patients who have a long term conditions as some of the patients have more than one type of long term condition.

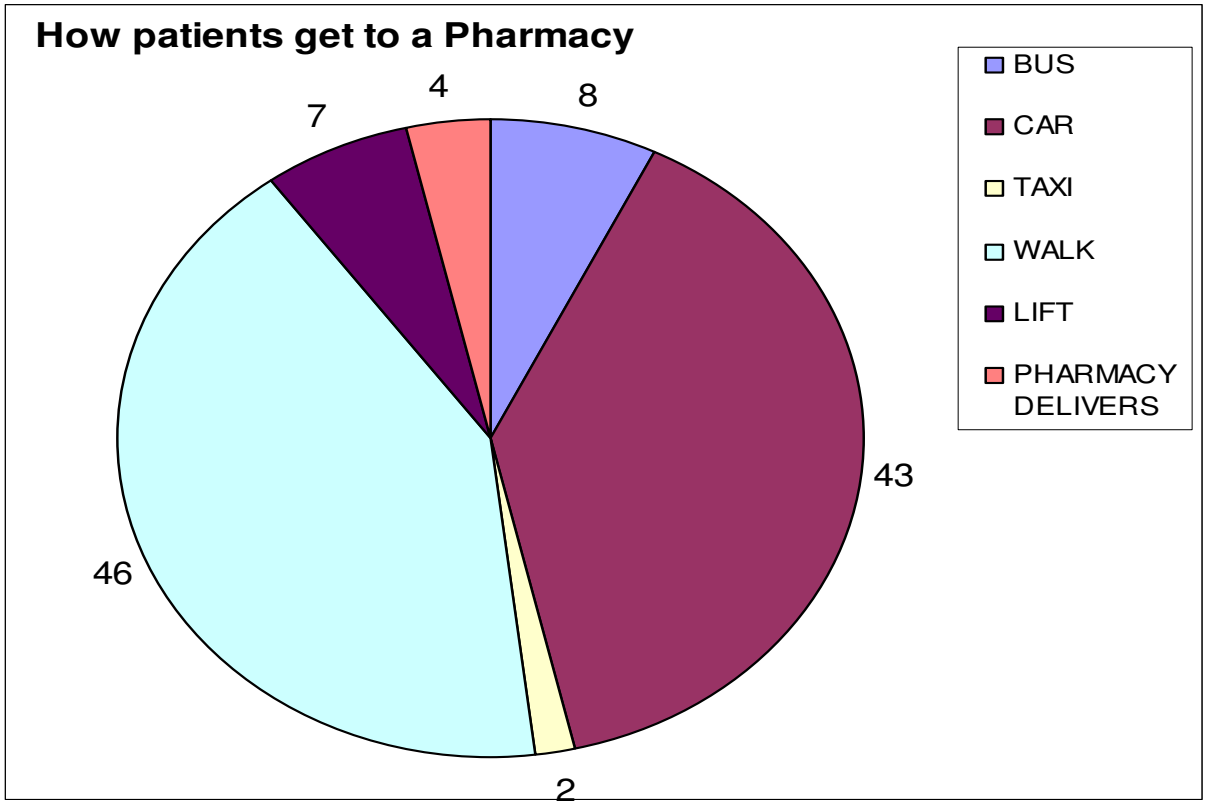
We have also asked the most popular use of a community pharmacy is in Leicester and the most popular use is still to collect prescriptions and medication at the pharmacy. Table below sets out the uses of a community pharmacy in Leicester:

Use	Number of people
COLLECT PRESCRIPTIONS AND MEDS	89
ADVICE	49
TOILETRIES	39
ACCESS NHS SERVICES	21
GAIN SUPPORT FOR LTC	14
UNABLE TO GET GP APPOINTMENT	24
SPECIALISED SERVICES - COUNSELLING	5
SERVICE AVAILABILITY	16
NONE OF THE ABOVE	4
OTHER	2

How patients visit the pharmacy

From the 100 people who submitted their patient questionnaire 46 members of the public confirmed that 46 choose to walk to the pharmacy. The second highest method chosen to visit a pharmacy was to go by car. It is interesting that most of the members of the public preferred to walk to the pharmacy which could be down to the following reasons:

- Locations of the pharmacy
- Number of pharmacies
- Parking could be a problem hence the reason why many choose to walk
- Concentration of pharmacies in some areas is high so walking maybe the only solution
- Parking maybe an issue which was raised from the review visits and the patient surveys that were submitted
- Many of the pharmacies are located in the heart of the communities which explains why the patients like to walk to the pharmacies
- Overall view is that is flexible to visit a pharmacy in Leicester using which event mean that is suitable for patients



Same Pharmacy

By conducting the patient survey in March and then over the summer again it is clear that there is a high amount of patient loyalty in Leicester as 86% choose the same pharmacy over and over again. This is down to a number of reasons and the most popular reasons being:

- Staff and the pharmacist having the highest influence. If a patient trusts the pharmacist and the same staff are always available are two factors which mean that a patient is more likely to use the same pharmacy. A good reason for explaining this is that Leicester has a high number of independent pharmacies which are located across the city. The highest proportion of independent pharmacies are located most notably in Spinney Hill and Belgrave.
- Accessibility is the next highest factor for why patients like to use the same pharmacy. This could be down to opening times, location and how easy it is to speak to the pharmacist without any major issues
- The next major factor which came out from the survey was how clean the pharmacy is which would have an impact upon the pharmacy
- Levels of stock is also an important factor in particular those patients who need drugs which are rare or expensive which only some pharmacists are willing to purchase for the patients
- Familiarity of background also favoured strongly with the patients as this is an important factor for patients when choosing the same pharmacy

- Overall majority of the patients like that community pharmacy and there were a number of positive comments which were presented from the patient engagement survey such as:
    - Convenience
    - Patients like that a pharmacy is in the same premises as a GP Practice
    - Same pharmacist is always available

Rate importance

Members of the public were asked to rate the importance on a number of elements for why patients use pharmacy. The most highly rated reason for why a pharmacy is used in Leicester is down to the friendly staff at the pharmacy. Again in March this was one of the most important factors for patients on why they visit the pharmacy and this is down to the friendly pharmacy team. The least highly rated reason for why patients choose a pharmacy in Leicester is that a pharmacy is a national business as members of the public would prefer to visit a local pharmacy instead to access their services

The table below is highlighting the key areas of importance:

Rating	Close to home	Friendly staff	Recently refurbished	Stocks drugs	Service availability	Morning opening
1	68	71	24	40	48	44
2	17	20	13	15	21	17
3	2	0	32	11	7	16
4	4	1	18	4	5	6

Rating	Late night opening	Trusts Pharmacist	Local business	National business	Close to GP Practice	Disabled access
1	46	61	36	7	55	29
2	17	11	13	12	10	17
3	17	1	11	17	10	10
4	7	3	5	25	12	15

Rating	Promotes health and well being	Confidential space is available	General access at the Pharmacy
1	39	52	27
2	23	15	20
3	13	8	8
4	4	7	9

Advice on medicines

The members of public who took part in this survey confirmed that at least 50% were aware of the MUR service being made available from a community pharmacy in Leicester which is positive.

Although there is a lot of awareness of the service that is available from community pharmacy there is the issue that many of the patients do not have interest in accessing the service from pharmacy. This could be down to a number of things such as:

- Pharmacies not promoting the service enough
- Patients not sure what the purpose of the service is about
- Not sure how to access the service

Having said this it was excellent to see that those patients who have been to the pharmacy for a MUR have found accessing a MUR useful as 31% found this to be useful.

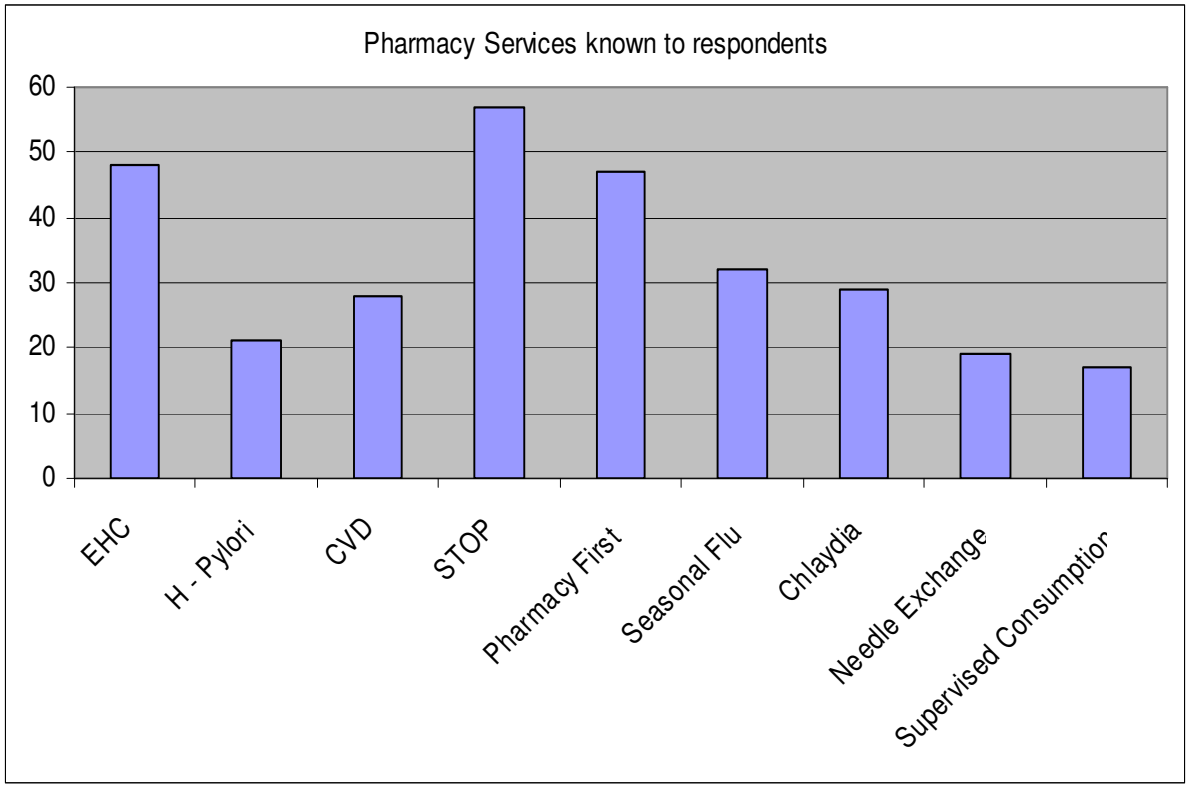
Even before the questionnaire was sent out to patients it was acknowledged that with MURs there is a lot of work which still needs to be done.

<u>Services</u>
There are a number of services that are available from a pharmacy. The services that are available from a pharmacy are:

- EHC
- H – Pylori
- CVD
- STOP
- Pharmacy First
- Seasonal Flu
- Chlamydia
- Needle Exchange
- Supervised consumption

Of all the services that are recognised by patients is the STOP service. This could be down to a number of reasons such as:

- Vast amount of information that is available
- Part of people's lifestyles
- Specialised service and dedicated team behind the service
- Multiple provider service – GP and pharmacists provide service. Dentists also conduct STOP smoking campaigns as well to target those patients to stop smoking
- Department of Health recently promoted the service through "Change for Life" – again this was a national campaign



The least recognised services available from a community pharmacy were the needle exchange and supervised consumption services. This could be because these are specialised services and only available for those who need the services.

The PCT asked the question on whether patients would like to see more clinical services being made available from a community pharmacy and 27% felt that they would like to see an increase in more clinical services made from a community pharmacy such as CVD screening.

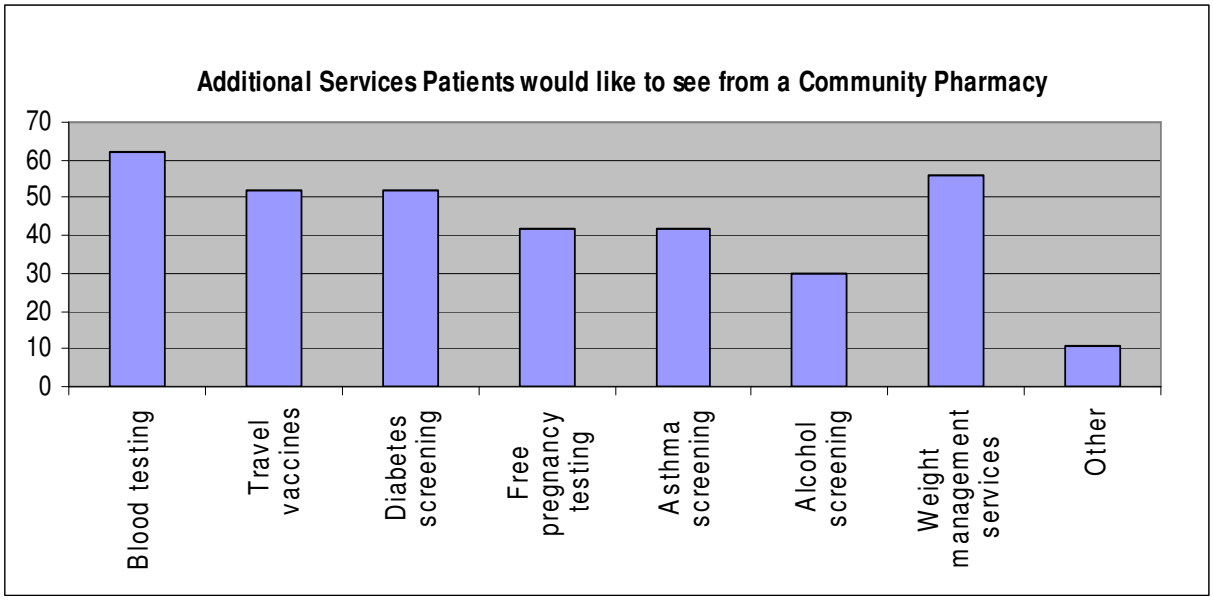
The table below shows the outcome:

Rating	Number of people
1	14
2	6
3	15
4	27

It was noted that there were a number of people who did not choose to answer this question and this could be down to the fact that patients may not be aware of what else is available from a pharmacy in general and in Leicester. From conducting this survey twice in this year we can see that patients only consider the use of a pharmacy for prescription purposes and not for MURs and for accessing services.

Although many of the patients who took part in the survey stated that their main use of a pharmacy is still for dispensing it was positive to see that many of the patients would like to see other services being made available from a pharmacy.

The graph below shows which services patients would most like to see from a community pharmacy in Leicester:



The most popular service that patients would like to see from a pharmacy in Leicester is blood testing which is excellent. Patients are also interested in seeing weight management services being made available from a community pharmacy which again is excellent as part of the service is available from a pharmacy via the CVD service and that it is meant to be available from a pharmacy through the promotion of healthy life style element of the essential services.

Also, while not the highest score from the patient survey patients would like to see asthma screening services and alcohol screening services made available from a pharmacy. In Leicester, there is an asthma screening service available called SIMPLE which is available from some of the pharmacies listed below:

- Elys
- Medicare
- Mr Pickford's - Norwich Road
- Mr Pickford's Pharmacy – Lockerbie Walk
- Moins Chemist
- Unipharm
- Your Local Boots – 212 Uppingham Road
- Rowlands Pharmacy
- Interpharm
- Lloyds Pharmacy – Aylestone Road
- Merridale Pharmacy
- Safy's Chemist
- Health Service – Egginton Street

This service is a pilot and has been funded through the innovation funding money.

Also, from consulting the patient survey and focus groups conducted by the Communications team there was a demand being demonstrated by members of the public who would like to see an alcohol screening service being made available from community pharmacy. Some pharmacies will be participating in the pilot where alcohol screening is made available from a community pharmacy in areas such as:

- Braunstone & Rowley Fields
- Eyres Monsell
- New Parks

From conducting the patient survey twice this year the PCT has identified that patients are not aware of what is available from a pharmacy in Leicester other than dispensing services. From speaking to members of the public through the engagement exercise the PCT has identified that there is a gap in how NHS services are promoted to patients as not enough patients are aware of the number of services and the location of the services that are available from a pharmacy.

The second wave of questionnaires has highlighted that, in order of priority, the best way to promote pharmacy services is via GP Practices followed by NHS Choices and then through community pharmacies.

The least popular method of promoting a pharmacy service is by putting information on social networking sites such as Twitter or by placing information in places of worship.

The table below demonstrates the information collated:

	1	**2**	**3**	**4**
NHS Choices	37	15	5	5
PCT website	14	16	11	6
Facebook	10	14	13	15
Twitter	4	15	14	17
Pharmacy	31	21	0	2
GP Practices	44	12	0	2
Connexions	6	13	16	11
Local businesses	18	10	12	10
Places of worship	5	11	13	17
Leaflets	23	15	6	9
Adverts	22	16	4	12

It has been noted that while GP Practices maybe the ideal place to promote pharmacy services we have found by undertaking the annual contract reviews that this is not always the best method as some services are best promoted through word

of mouth such as EHC due to a number of factors like the age of the people that access the service and the type of service that it is.

There are other services which have been promoted through community pharmacy which has been popular with patients such as CVD. The service has been promoted by pharmacists using a number of methods such as:

- Radio
- TV adverts
- Services being promoted through own languages

Equality and impact assessment

This questionnaire was sent out to a number of people who could have completed the questionnaire as it was available through community pharmacy and the internet.

These are some of the statistics that we have found from the people that have conducted the questionnaire:

- Highest number of patients that have completed the questionnaire are from the LE2 postcode of Leicester.
- Around 20% of the patients are aged between 60 – 69.
- In terms of disability, 62% confirmed that they do not have a disability.
- As mentioned before although the questionnaire was available to complete by all groups and people the majority of people that completed the questionnaire were from White British backgrounds and people from an Indian background were the next highest group of people to complete the questionnaire.
- Ratio of males and females who completed the questionnaire was that 46% were female and 38% were male.
- In terms of religion 35% of the respondents classed themselves as Christian.

As mentioned before, the questionnaire was promoted through the pharmacy, and the questionnaire was also taken to various organisations that were given the chance to complete the questionnaire, but the situation remains that not all that could have completed the questionnaire and were not given the chance to have information provided to about the pharmacy. So in order to take this forward it maybe beneficial to repeat the questionnaire and speak to those patients who are from areas which are considered to be hard to reach as they may have different needs in relation to community pharmacy.

Language may also be an issue as the questionnaire was only available in English so again this maybe something that may want to be considered for next time.

General themes identified from patient engagement and patient questionnaire:

- Very high levels of patient satisfaction for community pharmacy in Leicester.
- Patients like that the pharmacy is convenient, accessible and are set in suitable locations.
- By conducting the survey twice, the overwhelming idea is that patient's like that friendly staff are at the pharmacy and that they trust the pharmacist.
- Services awareness needs to be raised as patients were surprised when services like seasonal flu were promoted.

- MURs were also highlighted as an area where more promotion should be done

By conducting the patient survey and engagement only a few negative comments have become apparent:

- Pharmacy is always busy.
- Pharmacy closes at seven and patient would like to see that the pharmacy opens slightly longer
- Lack of stock means that patients have to return for the same prescription or wait for a delivery which means that the patients have some pressure when dealing with their medication. This theme came up during a patient listening event in March 2010.
- Some patients are not keen that more services are being made available as it means that the pharmacy is then turning into a GP Practice.
- Opening hours is an area of concern.
- Lack of training or skills for counter staff which is a concern for some patients as it means that the pharmacist's time is taken up with dealing with the query
- Lots of waiting time for a prescription.
- Not aware of other facilities available which again goes back to the lack of awareness being made about pharmacy services.
- Premises issues such as lack of air conditioning.

APPENDIX 6: PHARMACY OPENING HOURS AND SERVICES

WARD	Pharmacy	Opening Hours						
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ABBEY	Mr Pickfords - Norwich Road	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 17.00	09.00 - 18.30	09.00 - 13.00	CLOSED
ABBEY	Paul Disney Chemist	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	CLOSED
AYLESTONE	Howitts Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.30	CLOSED
AYLESTONE	Lloyds Pharmacy - Aylestone Road	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
AYLESTONE	Saffron Lane Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
BEAUMONT LEYS	Astill Lodge Pharmacy	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
BEAUMONT LEYS	Boots The Chemist - Beaumont Leys	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	10.00 - 16.00
BEAUMONT LEYS	Brennan's Pharmacy - Beaumont Leys	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 15.30	CLOSED
BELGRAVE	Al Pharm Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
BELGRAVE	Ely's Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	09.00 - 18.00	CLOSED	CLOSED
BELGRAVE	Healthways Pharmacy	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 15.00	09.00 - 18.30	CLOSED	CLOSED
BELGRAVE	Pancholi Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 17.00	09.00 - 18.30	CLOSED	CLOSED
BELGRAVE	Rose Care Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
BELGRAVE	Safys Chemist	09.00 - 19.30	09.00 - 18.30	09.00 - 19.30	09.00 - 18.30	09.00 - 19.30	09.00 - 13.00	CLOSED
BELGRAVE	Saraj Patel Pharmacy	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	09.00 - 18.30	14.00 - 18.00	CLOSED
BELGRAVE	Leonard Smith Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.00	CLOSED
BELGRAVE	Soni Chemist	09.00 - 18.15	09.00 - 18.15	09.00 - 18.15	09.00 - 18.15	09.00 - 18.15	CLOSED	CLOSED
BRAUNSTONE & ROWLEY FIELDS	Hockley Farm Chemist	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	CLOSED	CLOSED
BRAUNSTONE & ROWLEY FIELDS	Merridale Pharmacy	08.00 - 18.30	08.00 - 18.30	08.00 - 18.30	08.00 - 18.30	08.00 - 18.30	CLOSED	CLOSED

CASTLE	Boots The Chemist - Highcross	08.30 - 20.00	08.30 - 20.00	08.30 - 20.00	08.30 - 20.00	08.30 - 20.00	08.30 - 19.00	11.00 - 17.00
CASTLE	Boots The Chemist - Gallowtree Gate	08.15 - 18.00	08.15 - 18.00	08.15 - 18.00	08.15 - 18.00	08.15 - 18.00	08.15 - 18.00	11.00 - 17.00
CASTLE	Boots The Chemist - Haymarket	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	CLOSED
CASTLE	Morningside Pharmacy	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	CLOSED	CLOSED
CASTLE	The Co-Op Pharmacy - Queens Road	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
CASTLE	Spiers Dispensing Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	10.00 - 16.00	CLOSED
CHARNWOOD	Medicare Pharmacy - St Saviours Road	08.30 - 20.00	08.30 - 20.00	08.30 - 19.00	08.30 - 20.00	08.30 - 20.00	09.00 - 13.00	CLOSED
CHARNWOOD	Niva Chemist	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
CHARNWOOD	Samat Chemist	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 16000	CLOSED
CHARNWOOD	Sheridan Pharmacy - Merlyn Vaz Health and Social Care Centre	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	CLOSED	CLOSED
CHARNWOOD	Your Local Boots Pharmacy - 212 Uppingham Road	08.45 - 18.30	08.45 - 18.30	08.45 - 18.30	08.45 - 18.30	08.45 - 18.30	09.00 - 13.00	CLOSED
COLEMAN	Lads Chemist	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 18.00	CLOSED
COLEMAN	Medicine Chest Pharmacy	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	CLOSED	CLOSED
COLEMAN	Vision Pharmacy	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	10.00 - 17.00	11.00 - 17.00
COLEMAN	Your Local Boots Pharmacy - 149	09.00 - 20.00	09.00 - 20.00	09.00 - 20.00	09.00 - 17.30	09.00 - 18.00	09.00 - 13.00	CLOSED
EVINGTON	Rowlands Pharmacy	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
EVINGTON	R Glenton & Son Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED

EVINGTON	J&A Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
EYRES MONSELL	Lloyds Pharmacy - Swinford Avenue	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
EYRES MONSELL	The Co-Operative Pharmacy - Eyres Monsell	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
EYRES MONSELL	The Co-Operative Pharmacy - Southfields Drive	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	CLOSED	CLOSED
EYRES MONSELL	Interpharm Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	CLOSED	CLOSED
FOSSE	Blackbird Pharmacy	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	08.15 - 18.30	08.15 - 13.00	CLOSED
FOSSE	Mattock Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	09.00 - 18.00	09.00 - 13.00	CLOSED
HUMBERSTOBE AND HAMILTON	Hamilton Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
HUMBERSTOBE AND HAMILTON	Tesco Pharmacy	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	10.00 - 16.00
HUMBERSTOBE AND HAMILTON	Unipharm Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
KNIGHTON	Brookvale Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	09.00 - 13.00	CLOSED
KNIGHTON	Healthcare Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
KNIGHTON	Knights Dispensing Chemist	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
KNIGHTON	Lloyds Pharmacy - Shakerdale Road	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
LATIMER	Universal Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 17.00	09.00 - 18.30	09.00 - 13.00	CLOSED

NEW PARKS	National Co-Op - Aikman Avenue	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
NO WARD	Chemist 123	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	CLOSED	CLOSED
RUSHEY MEAD	Mr Pickford's Pharmacy - Lockerbie Walk	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
SPINNEY HILL	CK and Son Chemist	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.00	CLOSED
SPINNEY HILL	Health Serve Pharmacy - Melbourne Road	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
SPINNEY HILL	Health Serve Pharmacy - Egginton Street	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 13.00	CLOSED
SPINNEY HILL	Highem Pharmacy	08.30 - 20.00	08.30 - 17.00	08.30 - 20.00	08.30 - 17.00	08.30 - 17.00	09.00 - 18.00	CLOSED
SPINNEY HILL	Lloyds Pharmacy - Malabar Road	08.00 - 18.00	08.00 - 18.00	08.00 - 18.00	08.00 - 17.00	08.00 - 18.00	09.00 - 13.00	CLOSED
SPINNEY HILL	Moins Chemist	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 17.00	09.00 - 17.00	CLOSED
SPINNEY HILL	Parkview Dispensing Chemist	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 17.30	CLOSED
SPINNEY HILL	Yakub Chemist	09.00 - 19.30	09.00 - 19.30	09.00 - 19.30	09.00 - 19.30	09.00 - 19.30	09.00 - 19.30	10.00 - 18.00
SPINNEY HILL	7 - 11 Pharmacy (100 HOUR PHARMACY)	07.00 - 23.00	07.00 - 23.00	07.00 - 23.00	07.00 - 23.00	07.00 - 23.00	07.00 - 23.00	10.00 - 16.00
STONEY GATE	City Pharmacy	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	CLOSED
STONEY GATE	Fountain Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
STONEY GATE	Medicine Box Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 17.30	09.00 - 12.00
STONEY GATE	Pearl Chemist	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 17.30	CLOSED
STONEY GATE	Stoney Croft Chemist	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	CLOSED	CLOSED

STONEY GATE	St Stephens Chemist - St Stephens Road	09.00 - 18.30	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
THURNCOURT	Asha Pharmacy	09.15 - 18.00	09.15 - 18.00	09.15 - 18.00	09.15 - 18.00	09.15 - 18.00	09.15 - 17.00	CLOSED
THURNCOURT	The Co-Operative Pharmacy - Thurncourt	08.45 - 18.15	08.45 - 18.15	08.45 - 18.15	08.45 - 18.15	08.45 - 18.15	08.30 - 12.00	CLOSED
WESTCOTES	Brennan's Pharmacy - Westcotes Health Centre	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	CLOSED
WESTCOTES	Brennan's Pharmacy - Latimer Street	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	CLOSED
WESTCOTES	Patel's Chemist	09.00 - 21.30	09.00 - 21.30	09.00 - 21.30	09.00 - 21.30	09.00 - 21.30	09.00 - 21.30	09.00 - 21.30
WESTCOTES	Riverside Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	CLOSED	CLOSED
WESTCOTES	St Stephens Chemist - Fosse Road	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	09.00 - 18.00	09.00 - 17.00	CLOSED
WESTCOTES	Your Pharmacy - Narborough Road	09.00 - 22.00	09.00 - 22.00	09.00 - 22.00	09.00 - 22.00	09.00 - 09.00 (SUNDAY)		
WESTERN PARK	Shilchem Pharmacy	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.30	CLOSED

WARD	Pharmacy	Services												
		Ehc	Cvd screening	H-pylori	Stop smoking	Pharmacy first	Nhs seasonal flu	Chlamydia	Needle exchange	Supervised consumption	Collection & delivery service	Consultation room	Dda amendments made to premises	Patient satisfaction survey completed
Abbey	Mr Pickfords - Norwich Road	YES	YES		YES	YES	YES	YES		YES	YES	YES		
Abbey	Paul Disney Chemist					NO				YES		YES		
Aylestone	Howitts Pharmacy	YES		YES	YES	YES			YES	YES	YES	YES	Ramp	YES
Aylestone	Lloyds Pharmacy - Aylestone Road	YES		YES	YES	YES				YES	YES	YES	Ramp, handrails, loop and reading and writing aids	
Aylestone	Saffron Lane Pharmacy		YES			YES		YES		YES	YES	YES		
Beaumont Leys	Astill Lodge Pharmacy					NO					YES	YES	Door beeper on entrance and ramp for wheel chair access	
Beaumont Leys	Boots The Chemist - Beaumont Leys					NO				YES	YES	YES	Loop system and automatic doors	
Beaumont Leys	Brennan's Pharmacy - Beaumont Leys	YES	YES			YES		YES	YES	YES	YES	YES	Doors wide enough for wheel chairs	
Belgrave	Al Pharm Chemist	YES			YES	YES	YES	YES	YES	YES	YES	YES	Pharmacy has been refurbished and wheel chair access has been approved	YES
Belgrave	Ely's Pharmacy	YES	YES	YES	YES	YES	YES	YES			YES	YES	Assistance bell	YES

Belgrave	Healthways Pharmacy				YES	YES					YES	YES	Are having a refit at the end of the year and will be making provision for disabled people. Otherwise we cannot see any concerns with the access at the pharmacy	
Belgrave	Pancholi Chemist					NO					YES	NO	Handrails	YES
Belgrave	Rose Care Pharmacy		YES			YES					YES	YES		
Belgrave	Safys Chemist	YES	YES	YES	YES	NO		YES			YES	YES		YES
Belgrave	Saraj Patel Pharmacy	YES		YES	YES	YES					YES	YES		YES
Belgrave	Leonard Smith Chemist	YES		YES	YES	YES						YES	Ramp and handrails	YES
Belgrave	Soni Chemist	YES	YES	YES	YES	YES						YES		
Braunstone & Rowley Fields	Hockley Farm Chemist	YES	YES	YES	YES	YES				YES	YES	YES	Modern health centre, well commissioned by the LHA and PCT	
Braunstone & Rowley Fields	Merridale Pharmacy	YES	YES		YES	YES		YES			YES	YES	None graded floor and automatic door	
Castle	Boots The Chemist - Highcross	YES	YES		YES	YES		YES		YES	YES	YES	Loop system and disabled toilets available	YES
Castle	Boots The Chemist - Gallowtree Gate	YES		YES	YES	NO	YES	YES		YES	YES	YES	Loop system, wheelchair access and push chair lift	
Castle	Boots The Chemist - Haymarket	YES			YES	NO				YES	YES	YES	Loop system	YES
Castle	Morningside Pharmacy	YES			YES	YES					YES	YES	Graded floor	

Castle	The Co-Op Pharmacy - Queens Road	YES			YES	NO		YES			YES	YES	Ramp and loop system	
Castle	Spiers Dispensing Chemist	YES	YES	YES	YES	YES		YES		YES	YES	YES		
Charnwood	Medicare Pharmacy - St Saviours Road	NO	YES	YES	YES	YES		YES			YES	YES		
Charnwood	Niva Chemist	YES	YES	YES	YES	YES				YES	YES	YES		YES
Charnwood	Samat Chemist	YES		YES	YES	YES					YES	YES		
Charnwood	Sheridan Pharmacy - Merlyn Vaz Health and Social Care Centre	YES		YES	YES	NO	YES	YES	YES		YES	YES		
Charnwood	Your Local Boots Pharmacy - 212 Uppingham Road	YES				YES			YES	YES	YES	YES		
Coleman	Lads Chemist	YES	YES	YES	YES	YES					YES	YES	Wide door, low step, mobile ramp, notice on front door for help and assistance	YES
Coleman	Medicine Chest Pharmacy	YES	YES	YES	YES	YES		YES			YES	YES	No high flooring, low counter, automatic doors	YES
Coleman	Vision Pharmacy	NO			YES	NO			YES	YES	YES	YES		
Coleman	Your Local Boots Pharmacy - 149	YES				YES					YES	YES		
											YES			
Evington	Rowlands Pharmacy	YES		YES	YES	YES				YES	YES	YES		YES
Evington	R Glenton &	NO			YES	NO					YES	YES	Custom made	YES

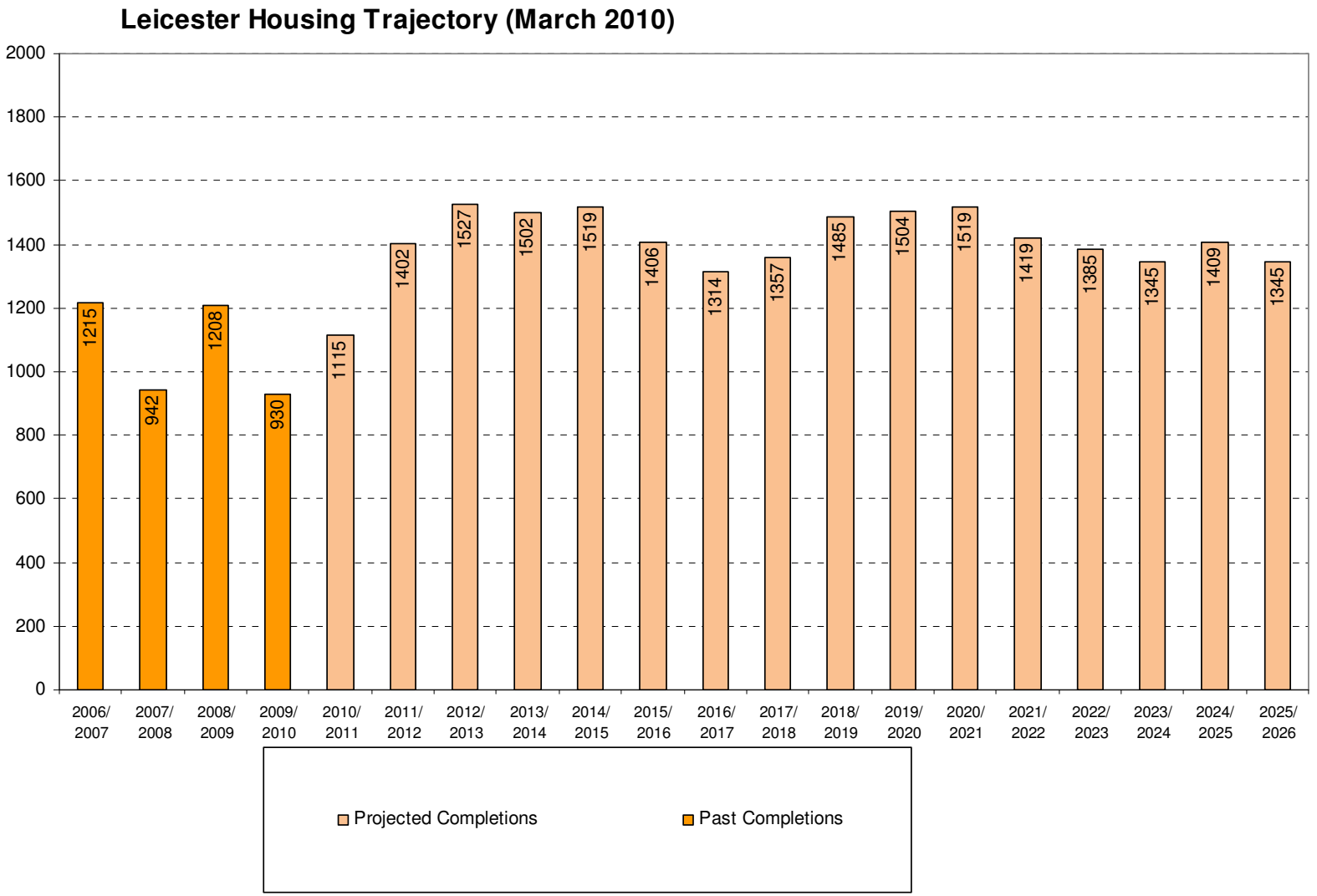
	Son Pharmacy												ramp with handrails, anti slip slabs and anti slippage slabs	
Evington	J&A Pharmacy	NO			YES	YES					YES	YES	Automatic doors to allow disabled access, flat ground and space to allow wheel chair access and aisles are spacious to allow disabled access	YES
Eyres Monsell	Lloyds Pharmacy - Swinford Avenue	YES		YES	YES	YES	YES	YES			YES	YES		YES
Eyres Monsell	The Co-Operative Pharmacy - Eyres Monsell				YES	YES				YES	YES	YES	Loop system	
Eyres Monsell	The Co-Operative Pharmacy - Southfields Drive				YES	YES					YES	YES	Pharmacy undergoing DDA assessment	
Eyres Monsell	Interpharm Chemist	YES	YES	YES	YES	YES	YES			YES	YES	YES		
Fosse	Blackbird Pharmacy	NO	YES		YES	YES				YES	YES	YES	Lower Pharmacy signing on counter and automatic doors	
Fosse	Mattock Pharmacy	YES	YES	YES	YES	NO	YES	YES			YES	YES		
Humberstobe & Hamilton	Hamilton Pharmacy	YES	YES		YES	YES					YES	YES	Level access and wide aisles	

Humberstobe And Hamilton	Tesco Pharmacy	YES			YES	NO					YES	YES		YES
Humberstobe And Hamilton	Unipharm Chemist	YES	YES	YES	YES	YES	YES	YES		YES		YES		YES
												YES		
Knighton	Brookvale Pharmacy		YES	YES	YES	YES		YES			YES	YES		
Knighton	Healthcare Pharmacy	YES	YES	YES	YES	NO					YES	YES	Ramp with hand rail, automatic door and seats available	YES
Knighton	Knights Dispensing Chemist	YES	YES	YES	YES	YES	YES	YES			YES	YES		
Knighton	Lloyds Pharmacy - Shakerdale Road	YES				YES		YES			YES		Loop at till and consultation room. Ramp and hand rails outside the shop	
												NO		
Latimer	Universal Chemist	NO				NO			YES		YES	YES		YESS
New Parks	National Co-Op - Aikman Avenue	YES			YES	YES				YES	YES		Wide automatic door, loop system and wheel chair access into consultation room	
No Ward	Chemist 123											NO		
Rushey Mead	Mr Pickford's Pharmacy - Lockerbie Walk	NO	YES		YES	YES	YES	YES		YES	YES	YES	LOOP, AUTO DOORS, WIDE CONSULTATION ROOM	YES
Spinney Hill	CK and Son Chemist	YES	YES	YES	YES	YES	YES			YES	YES	YES	Ramp with handles	YES

Spinney Hill	Health Serve Pharmacy - Melbourne Road	YES			YES	YES		YES			YES	YES	No steps at the entrance and wide doors	YES
Spinney Hill	Health Serve Pharmacy - Egginton Street	YES	YES		YES	YES		YES			YES	YES	No steps at the entrance and wide doors	YES
Spinney Hill	Highem Pharmacy	NO		YES	YES	YES				YES	YES	YES	Premises easily accessible both from within the health centre and from outside	YES
Spinney Hill	Lloyds Pharmacy - Malabar Road	YES		YES	YES	YES	YES	YES	YES	YES	YES	YES	Loop	YES
Spinney Hill	Moins Chemist		YES		YES	YES	YES		YES		YES	YES	External ramp, automatic doors, handrails, low level counter, DDA compliant W/C, DDA compliant consulting rooms	
Spinney Hill	Parkview Dispensing Chemist	NO		YES	YES	YES					YES	YES		YES
Spinney Hill	Yakub Chemist	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		
Spinney Hill	7 - 11 Pharmacy (100 HOUR PHARMACY)	YES			YES	YES				YES	YES	YES		
Stoney Gate	City Pharmacy					NO				YES	YES	YES	Very wide front door, wide aisles and wheel chair access	YES
Stoney Gate	Fountain Pharmacy					YES				YES	YES	NO	Ramp to be considered some time in 2010 - 2011. Handrails in operation	

Stoney Gate	Medicine Box Chemist	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES		
Stoney Gate	Pearl Chemist	NO	YES	YES	YES	YES					YES	YES		YES
Stoney Gate	Stoney Croft Chemist	NO				NO					YES	YES		
Stoney Gate	St Stephens Chemist - St Stephens Road	YES		YES	YES	YES					YES	YES		YES
Thurncourt	Asha Pharmacy	NO	YES		YES	YES					YES	YES	Pharmacy has wide aisles for disabled patients	
Thurncourt	The Co-Operative Pharmacy - Thurncourt	NO				YES		YES		YES	YES	YES	Loop system and large opening doors	
Westcotes	Brennan's Pharmacy - Westcotes Health Centre	YES	YES	YES	YES	YES			YES	YES	YES	YES	Ramp and automatic doors	YES
Westcotes	Brennan's Pharmacy - Latimer Street	NO				NO				YES	YES	YES		YES
Westcotes	Patel's Chemist	YES	YES	YES	YES	YES	YES	YES		YES	YES	YES	Ramp and buzzer for assistance required	YES
Westcotes	Riverside Pharmacy	YES	YES		YES	YES	YES	YES			YES	YES		YES
Westcotes	St Stephens Chemist - Fosse Road	YES	YES	YES	YES	YES	YES				YES	YES	Pharmacy is on one level so door handles and ramps are not required	
Westcotes	Your Pharmacy - Narborough Road	NO			YES	NO					YES	YES		
Western Park	Shilchem Pharmacy	NO		YES	YES	YES					YES	YES		YES

APPENDIX 7: HOUSING TRAJECTORIES



APPENDIX 8: EXAMPLE OF COMMUNITY PHARMACY PATIENT QUESTIONNAIRE

Community Pharmacy Patient Questionnaire 2010

Please note this is for the residents of Leicester City.

NHS Leicester City is currently in the process of developing a Pharmaceutical Needs Assessment (PNA). It is vital that we understand what members of the public understand about community pharmacy and how members of the public use community pharmacy in Leicester City. Please note that this questionnaire has been designed to gather information for pharmacies located in NHS Leicester City,

We want to know the following:

- Who uses community pharmacies?
- Which pharmacy services are most often used?
- Whether or not you think the current pharmacy services are convenient for you?
- Whether patients would like more services from community pharmacies?
- What improvements can be made in community pharmacies, if any?

We want to know this because:

- We want to make sure that community pharmacies provide services people need and use.
- We want to tell community pharmacies what you think of them.
- We want to work with patients and pharmacists to improve services.

By law, all Primary Care Trust's (PCT) in England must publish a "Pharmaceutical Needs Assessment" (PNA) which must:

- Highlight whether there are gaps in pharmaceutical service provision
- Show current pharmacy contractors which services are required, where and by whom.
- Assist the PCT with their commissioning of high quality services.

By completing this questionnaire you are ensuring that your views influence the services delivered from your local community pharmacy. It will only take a few minutes to complete and **your views are very important to us.**

Please note that all your answers will be anonymous and confidential. **Please DO NOT write your name or address anywhere on this questionnaire. Please note that if you have completed this questionnaire before you do not need to complete it again.**

Once you have completed the questionnaire please send the completed questionnaire to:

Freepost
NHS Leicester City
Get Involved
St John's House
Leicester
LE1 6NB

If you have any queries or would like help completing this questionnaire please contact 0116 295 4183.

Questionnaire

About you

Which part of Leicester are you from?

LE1 ☐
LE2 ☐
LE3 ☐
LE4 ☐
LE5 ☐
Other ☐

If other please specify: _____

Do you suffer from a Long Term Condition (LTC)?

Yes ☐
No ☐
Not sure ☐

If you do have LTC, please tick which is applicable to you. If you do not wish to answer this question please move onto the next question.

Diabetes ☐
CHD ☐
CVD ☐
Asthma ☐
Heart Disease ☐
COPD ☐
High Blood Pressure ☐

Other, please specify: _____

PART 1 – how you use your pharmacy?

1. What do you most often use a pharmacy for? (please tick one answer only)

   To collect your medication ☐

   To seek advice from the pharmacist ☐

   To collect a prescription on behalf of someone else ☐

   Access NHS Services ☐

   Other ☐

   If other, please specify: _____

2. What do you *least* often use a pharmacy for? (please tick one answer only)

   To collect your medication ☐

   To seek advice from the pharmacist ☐

   To collect a prescription on behalf of someone else ☐

   Access NHS Services ☐

   Other ☐

   If other, please specify: _____

3. How often do you use a pharmacy? (Please tick *one* answer only)

   Daily ☐

   Weekly ☐

   Fortnightly ☐

   Monthly ☐

   Less frequently ☐

   Other ☐

   If other, please specify: _____

4. What do you use your local pharmacy for? (Please tick all applicable)

Collect prescriptions and medication ☐

For advice ☐

To purchase toiletries ☐

To access a free NHS Service ☐

To gain support for long term conditions ☐

If you are unable to get a GP appointment ☐

To find out about services available to you ☐

For specialised services (such as counselling) ☐

None of the above ☐

Other ☐
If other, please specify: _____

How do you travel to your pharmacy?

Bus ☐

Car ☐

Taxi ☐

Walk ☐

Receive lift from friend or relative ☐

Do not travel to pharmacy as they deliver ☐

Other ☐

If other, please specify: _____

PART 2 – choosing your pharmacy

5. Do you use the same pharmacy on a regular basis?

Yes ☐

No ☐
(If yes please go to question 5a, if no go to question 6)

5a. If you do you use the same pharmacy on a regular basis, please tick reasons why you use the same pharmacy.

Ability to travel ☐

Pharmacy familiar with the background of their condition ☐

Prefer to deal with the same pharmacy staff and pharmacist ☐

Stock drugs that I need ☐

Easily accessible (opening hours, pharmacist availability) ☐

Disabled access available at the pharmacy ☐

Clean ☐

None of the above ☐

Other ☐

If other, please specify: _____

6. If you do not use the same pharmacy on a regular basis could you please provide reasons why? Please write answer in the space below:

7. Can you rate how important each of the following are in helping you decide which pharmacy you use?

Please rate as follows:

1 = very important, 2 = quite important, 3 = not very important, 4 = unimportant

How close it is to your home	1	2	3	4
How friendly the staff are	1	2	3	4

Whether it has recently been refurbished	1	2	3	4
Whether the pharmacy stocks a variety of products	1	2	3	4
Whether the pharmacy provides a range of services	1	2	3	4
Whether the pharmacy is open early in the morning	1	2	3	4
Whether the pharmacy is open later in the evening	1	2	3	4
Because you trust the pharmacist(s) who work there	1	2	3	4
Because the pharmacy is a local business	1	2	3	4
Because the pharmacy is a national business	1	2	3	4
Because the pharmacy is close to my GP	1	2	3	4
Disabled access available	1	2	3	4
Pharmacy promotes health and well being	1	2	3	4
Confidential space is used in the pharmacy	1	2	3	4
Access (parking, opening hours)	1	2	3	4

PART 3 – advice on medicines

Some community pharmacies are able to provide a Medicines Use Review (MUR) to patients. A MUR are for people who are on a number of medications and may need further advice on how to use their medication so, that medicines are being used by the patient correctly and safely.

8. Are you aware that pharmacists offer MURs in a community pharmacy?

   Yes ☐

   No ☐

   Don't know ☐

   (If yes, move onto question 9 otherwise move onto question 10)

9. Following the outcome of the MUR, did you find it useful?

   Yes ☐

   No ☐

Don't know ☐

10. If you have not had visited your local pharmacy for a MUR are you interested in having a MUR conducted?

Yes ☐

No ☐

Don't know ☐

PART 4 – Services from pharmacy

11. Other than collecting medication from your local pharmacy are you aware that pharmacies in Leicester offer the following NHS services (please tick all you have heard of)

EHC (morning after pill) ☐

H – Pylori testing (stomach ulcer breath test) ☐

Cardio Vascular Disease screening ☐

STOP Smoking Service ☐

Pharmacy First (Minor Ailments Scheme) ☐

Season Flu Vaccination ☐

Chlamydia Screening Service ☐

Needle Exchange ☐

Supervised Consumption ☐

12. If pharmacists offered services that are more clinical, would you be willing to access these? Please circle the scale (1 being unlikely and 4 likely**)**

1 2 3 4

13. What other services would you like to see made available in pharmacies?

Blood testing ☐

Travel vaccines ☐

Diabetes Screening ☐

Free Pregnancy Testing ☐

Asthma Screening ☐

Alcohol Screening Services ☐

Weight Management clinics ☐

Others (please specify) ☐

_____

14. What do you like about your community pharmacy? Please specify in box below:

15. What do you dislike about your community pharmacy? Please specify in box below

16. Please rate how effective the following methods will be in promoting community pharmacy?

Please rate as follows:

1 = very important, 2 = quite important, 3 = not very important, 4 = unimportant

NHS Choices	1	2	3	4
PCT website	1	2	3	4
Face book	1	2	3	4
Twitter	1	2	3	4
Community Pharmacy	1	2	3	4
GP Practices	1	2	3	4

Connexions	1	2	3	4
Local businesses	1	2	3	4
Places of worship	1	2	3	4
Leaflets	1	2	3	4
Adverts	1	2	3	4

Other comments about pharmacy please list below:

Thank you, for taking the time to complete the questionnaire.

EQUALITY MONITORING FORM

1. What is your age range?

☐ Under 16 ☐ 50 – 59
☐ 16 – 19 ☐ 60 – 69
☐ 20 – 29 ☐ 70 – 79
☐ 30 – 39 ☐ 80+
☐ 40 – 49 ☐ Prefer not to say

2. Do you consider yourself to have a disability according to the terms given in the Disability & Discrimination Act 2005 (DDA) **?

DDA defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer and multiple sclerosis (MS) are also covered.

☐Yes ☐No ☐Prefer not to say

If so please state your disability or disabilities

☐ Hearing impaired
☐ Learning Disability
☐ Long Term condition
☐ Mental Health
☐ Physical impairment
☐ Visual and Hearing impairment
☐ Visual impairment
☐ Wheelchair user
☐ Any other, please write below

_____

3. What do you consider your Ethnicity to be?

A Asian or Asian British
☐ Bangladeshi
☐ Indian
☐ Pakistani
☐ Any other Asian heritage, please write below

_____

B Black or Black British
☐ African
☐ Caribbean
☐ Any other Black background, please write below

_____

C Chinese
☐ Chinese

D Dual or Mixed Heritage
☐ White & Asian
☐ White & Black African
☐ White & Black Caribbean
☐ Any other mixed heritage, please write

_____

E Other Ethnicities
☐ Gypsy or Traveller
☐ Other ethnic group, please write

_____

F White
☐ British
☐ Irish
☐ Any other white heritage, please write

_____

G Not Stated
☐ Prefer not to say

4. What is your gender?

☐Female ☐Male ☐Prefer not to say

5. What is your religious identity or belief?

☐ Baha'i
☐ Buddhist
☐ Christian (Including Church of England, Catholic and all other Christian denominations)
☐ Hindu
☐ Jain
☐ Jewish
☐ Muslim
☐ Sikh
☐ None
☐ Prefer not to say
☐ Any other religion or belief , please write below

_____

6. What is your sexual orientation / sexual identity?

☐ Bisexual ☐ Heterosexual / Straight
☐ Gay Man ☐ Lesbian / Gay Woman
☐ Prefer not to say

7. Preferred written language?

_____

8. Preferred spoken language?

_____

NHS Leicester City
Equality Impact Assessment (EqIA)

As a requirement of current equality legislation, the organisation must demonstrate that its intended activity addresses inequalities and unlawful discrimination and promotes good relations. An initial screening exercise, and if indicated, a full EqIA should be carried out for all new and reviewed policies, procedures, strategies and guidelines.

This form should be completed, sent to the Equality and Human Rights team for quality assurance prior to approval at the appropriate level, and subsequently returned to the team for publication on the Internet.

For guidance and support in completing this form please contact a member of the Equality and Human Rights team on telephone 0116 295 8451

Ref. No: (issued by Equality officer once quality assured)
Title: Pharmaceutical Needs Assessment
Brief details of proposals: The PCT has a statutory duty to publish its first Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Failure to meet this duty could lead to a judicial review. This paper provides information on PNAs and the action the PCT will need to take. Due to the high level of risk associated with this duty, PCTs may wish to add the development of the PNA to the PCT risk register
Who is intended to benefit from these proposals? Users of community pharmacy
Details of any evidence / public engagement that has informed these proposals: 1. questionnaire: sent out to the members of the PPI membership who had confirmed an interest in community pharmacy. In

order to engage users of community pharmacy NHSLC also sent the same

2. questionnaire: out to community pharmacies to distribute the questionnaire members of the public to reach a wider cross section of people that use the community pharmacy than those who may be involved in PPI membership.

3. Patient listening event: this found out what patients knew and did not know about community pharmacy. This is being fed back to pharmacists.

4. The PNA will be sent in draft form to a wide and diverse range of stakeholders. These stakeholders will be asked whether the PNA identifies need and describes provision adequately and accurately. Therefore, when this consultation is completed, the views of those stakeholders can potentially affect a radical redrafting of the PNA. For this reason the EQIA will only be indicative until such time as the consultation is completed

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target population in relation to age, disability, gender, race, religion / belief, sexual orientation or for other reasons such as deprivation, caring etc

	Positive impact	Negative Impact
Age	The PNA will alert pharmacy contractors, stakeholders and patients alike to the different demographic concentrations, including age. This will enable them to comment on the pharmacy provision described in relation to age	Some groups may not be consulted as broadly as possible, such as young people who do access NHS Services such as EHC and Chlamydia Screening. There are two GP Practices where the patient population is made up of students so this group may potentially be missed due to when the engagement and the consultation will be taking place. We are looking to send the document to the Universities, Community centres and young people organisations such as Connexions/Choices.
Disability	By undertaking the PNA, we have been able to identify which pharmacies have undertaken DDA assessments and which have not. In addition we will publish in the PNA the quantity of pharmacies with adaptation for disabled patients. During the Pharmacy Contract Reviews we have asked whether community pharmacists have made any adjustments to their premises or whether they have had any form of assessment.	The PNA will highlight those pharmacies who have not undertaken any form DDA assessment, which will have a resource implication for those contractors when we encourage them to undertake an assessment.
Gender		The PNA has not considered pharmacy provision from the perspective of gender as pharmacy is used by all genders.
Race	The PNA will inform the stakeholders and contractors about how concentrations of different ethnic groups fluctuate across the city.	The consultation may identify that, in the views of some ethnic groups, there are some barriers to access that arise from the differing experiences and expectations of ethnic groups Ethnic groups in very small number may not be adequately consulted with.

Religion / Belief		Religion has not been considered as part of the PNA as all religions use a pharmacy. The Leicester Council of Faiths has been sent a letter during the engagement stage.
Sexual Orientation		Sexual Orientation not been considered as part of the PNA and the consultation may highlight that this is an issue. There is no data that would allow us to map the location of people by sexual orientation, describe the services that they might need from community pharmacy and identify any gaps.
Other	We will be speaking to groups of patients representing those with Long-term conditions.	

A full EqIA must be undertaken if a negative impact is indicated above unless minor changes, which are clearly documented in the action plan below, will address the negative impact

Only complete the action plan at this stage if the negative impact of the intended activity can be easily addressed without the need for stakeholder involvement

Is a full Equality Impact Assessment indicated?		**No**
If Yes, when will this begin?	**Date:**	
If No, give reasons why not: Because all the negative impacts described are speculative – the PNA is a tool that describes need and identifies gap. It limitations are that that need can only be expressed where there is data that describes the different requirements for pharmaceutical services from different patient groups. However, by the nature of the consultation and what stakeholders and patients, which asks for a consideration from their personal and/or professional perspective, its anticipated that any needs not considered which may identify a gap in provision will be highlighted to the PCT and action undertaken as described the action plan		
Name: Jeremy Bennett		
Job Title: Pharmacy Contract Account Manager	**Directorate: Primary and Community care**	
Signature:	**Date: 5/10/10**	
Equality & Human Rights Officer signature:	**Date:**	

Please indicate stakeholder engagement undertaken as part of the full EqIA

Stakeholder event held in March 2010, engagement with a wider group of stakeholders in summer 2010 to explain the PNA, 60 day (minimum) consultation to be undertaken as part of the PCTs statutory responsibility.

Please indicate in the action plan below measures planned to mitigate against any negative impact that is identified, either as a result of carrying out the screening exercise or the full EqIA

Action plan						
Equality Strand	**Problem/barriers identified**	**Actions to overcome problem/barrier**	**Resources required**	**Responsibility**	***Target date***	**Progress**
Age	**Younger patients may not be engaged in the consultation process**	The PNA in draft form has been sent to the two university practices and the CONNEXIONS, to capture views reflecting the needs of younger patients	NONE	Jeremy Bennett/ Priya Chavda	November 2010	COMPLETED
Disability	**It has been identified that not all pharmacies have (or have been able) to make adoptions for disabled patients**	As part of our annual quality reviews, we have explored this with contractors and found that contractors are sensitive to the needs of disabled patients and either makes arrangements that are individually tailored or are prepared to invest in developing their premises. Additionally, many pharmacies report that access problems for many disabled patients are	Pharmacy team	Jeremy Bennett/ Priya Chavda	January 2011	In progress (consultation and AQRs)

		overcome by collection and delivery services. The consultation process should identify any groups of disabled patients who have significant barriers to access and these will be described in the PNA and addressed as part of the PCT wide Pharmacy development plan				
Gender	**The PNA has not considered pharmacy provision from the perspective of Gender**	The consultation will indicate if this appropriate or not. However, from our contract reviews we know that pharmacies are sensitive to individual needs and can ensure that patients speak to the gender they feel most comfortable with.	none	Jeremy Bennett/ Priya Chavda	January 2011	In progress (consultation and AQRs)
Race	**The consultation may identify barriers to access not considered in the PNA**	The PNA can be redrafted to consider this. In addition we have good knowledge of the range of languages spoken and understood by contractors and that the diversity of the city	none	Jeremy Bennett/ Priya Chavda	January 2011	In progress (consultation and AQRs)

		is reflected in the pharmacy workforce (Community Pharmacies tend very much to be local recruiters), so have some confidence that few ethnic groups cannot receive a service that they find culturally appropriate. It has already been identified that the needs of Chinese patients may have been overlooked – this group has been specifically targeted for the consultation				
Religion / Belief	**Religion has not been considered as part of the PNA**	The PNA has been sent to the Council of Faiths and we await their response, but generally, it is considered that accessing pharmacy services is a secular consideration. However, we are confident that through patient choice and the fact that Leicester's pharmacies can be said to be reflective of the diversity of the city,	none	Jeremy Bennett/ Priya Chavda	January 2011	In progress (consultation and AQRs)

		that should patients have a preference based on religion or belief that can select a pharmacy on that basis and be given an appropriate service wherever possible. (this is something which cannot be said for as many GP practices, from where prescriptions originate)				
Sexual Orientation	Sexual Orientation has not been considered as part of the PNA	The PCT is unaware of any barriers to service for differing sexual orientations, though it is conceivable that they exist.				
Other (including deprivation, caring)						

The "National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010" which describes the purpose and required content of the PNA indicates that the PNA, as a statement of needs for Pharmaceutical services must give consideration to:

'All the Pharmaceutical services that may be provided under arrangements made by a Primary Care Trust for:
(a) The provision of Pharmaceutical services (including directed services) with a person on a Pharmaceutical list;
(b) The provision of local Pharmaceutical services under an LPS scheme (but not LP services which are not local Pharmaceutical services); or
(c) The dispensing of drugs and appliances with a person on a dispensing doctors list (but not other NHS services that may be provided'[8]

[8] The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010, section 3(A)